Community Resource Assessment

Demand and Needs Assessment Studies: Alcohol and Other Drugs

Final Report

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EXECUTIVE SUMMARY

INTRODUCTION

In 1999, the Alabama Department of Mental Health and Mental Retardation, Substance Abuse Services Division (SASD) received a contract from the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) to conduct a prevention needs assessment. With this contract, Alabama became 1 of 19 states participating in CSAP's State Needs Assessment Program. The program gave states the opportunity to assess their need for prevention services using a methodological framework developed by CSAP and early participants in the program.

The Alabama Prevention Needs Assessment is comprised of three studies: a survey of youth in public school, the Social Indicator Study, and the Community Resource Assessment. This technical final report pertains to the third study, the Community Resource Assessment. This study is an assessment of programs and services funded by the SASD to prevent substance-related problems among young people and adults. The study examines the current prevention system, compares it to existing need, and provides recommendations for enhancing the system. This report provides background information on the study, describes the study methodology, and discusses the results. A section devoted to conclusions and recommendations closes the report.

Purpose And Rationale

The objective of the Community Resource Assessment (CRA) is to inventory and assess existing prevention resources among providers who receive funding from the SASD. This study assesses whether the current system meets the State's strategic goals for prevention and identifies areas where the system could be enhanced. The data from this study, in conjunction with data from other studies in Alabama's Prevention Needs Assessment project, will allow us to examine the relationship between current prevention programs and identified prevention needs. Several key research questions will guide our approach:

- What prevention services are available in the State?
- Have the State's goals for prevention service delivery been met?
- What are the strengths and weaknesses of the Statewide prevention system?
- What are common barriers to providing services?

The Family of Needs Assessment Studies

The central purpose of this study is to compare services provided with services needed. This study will provide data on services provided, while two other studies will provide the data on need. The student survey documents risk and protective factor levels among Alabama's youth. By comparing risk and protective factors in each county, we will be able to determine which areas of the State are most in need of prevention services. The prevalence of risk and protective factors will also yield insight on which prevention services and strategies are the most appropriate for each county. The results from the second study, an analysis of social indicator data, complement the results from the school survey. The social indicator study uses archival data to measure risk and protective factors in each county. Together, these three studies form a comprehensive family of prevention needs assessment studies that help identify gaps and areas of overlap in the current prevention system.

LITERATURE REVIEW

Our review of the literature revealed few scholarly publications of prevention resource assessment. Among the publications, there was considerable variation in the questions asked, the methods used, the results obtained, and the application of the findings. Breer, McAuliffe and Levine (1996) conducted one of the most comprehensive prevention needs assessments for the State of Rhode Island. The purpose of this study was to answer four questions critical to State planners: 1) whether spending on prevention was adequate, 2) if the people with the greatest need for prevention were getting the most prevention services, 3) whether the current mix of prevention programs and policies were optimal, and 4) if prevention funds were being administered efficiently. Another relevant line of research is Smith, Steckler, McLeroy, and Frye's (1990) study of tobacco prevention programs in North Carolina public schools. The study focused on school district tobacco use policies, smoking restrictions, compliance rates, and policy implementation. They also gathered data on prevention program materials, teachers delivering program curricula, targeted grades, and whether they thought the number of acres of tobacco fields in their communities have an effect on prevention programs.

These examples of prevention resource assessment studies serve to illustrate the variation in methodology among research strategies. They also reveal that resource inventories produce useful and often surprising results. Arthur et al. (1997) came to a similar conclusion in their comprehensive review of prevention resource assessments. Based on their review, they made five recommendations to States performing resource assessments. First, states should establish a statewide needs assessment framework for using the prevention resource information. This is necessary because it facilitates the matching of resources with areas of need. Second, states should prioritize the type of resource data they wish to collect. This helps to ensure that the size of the entire resource assessment project is matched to the state's capacity for conducting the review. Third, states should develop a mechanism for collecting data by using existing data sources and provider surveys. Some of the data needed in the resource assessment can be taken from the Single State Agency and other State and Federal agencies that have already gathered the information. Fourth, states should analyze and

display funding and program data within the context of prevention policies and laws. The purpose of this is to expose the distribution of resources as compared with distribution of needs. Finally, states could benefit from providing training and technical assistance in resource assessment. It is important to support local-level planning efforts by training local planners in resource assessment in order to allow them to make educated decisions and perform effective local planning.

METHODOLOGY

Instrumentation

We administered the Core Constructs for Community Resource Assessment, a standard instrument used for all community resource assessments in the CSAP Prevention Needs Assessment program. The original CSAP instrument was designed for administration by paper and pencil. Since Alabama planned to administer the instrument via the Internet, a pilot test was appropriate. In 2001, we conducted a usability and pilot test to determine whether the Web-based survey application was clear to respondents and easy to complete. A detailed report on the pilot test appears in Appendix C.

Sampling Methodology

Respondent universe

A major objective of this study was to analyze thoroughly the use of SASD funds. In keeping with this objective, the respondent universe consisted of all programs funded by the SASD during the fiscal year 2000. During 2000, the SASD funded programs through three funding streams. The first funding stream is the Substance Abuse Prevention and Treatment (SAPT) Block Grant, a grant from the Federal government. The second and third funding streams use State funds. They are the Governor's High-Risk Youth Grant (henceforth referred to as the Governor's Grant) and the Drug Abuse Resistance Education (DARE) program.

Defining programs

The CRA was designed to analyze program-level services. However, our experience indicates that the term *program* is used in many different ways. We were thus faced with the task of creating a standard definition of the word program that would ensure a standard unit of analysis. We examined a variety of reporting definitions and selected the definition was most appropriate for each funding stream. A program is defined as a DARE grant for the DARE funding stream, a Governor's Grant for the Governor's High Risk Youth Grant, and an "objective" for the Block Grant funding stream, a special term used among programs funded through the Block Grant in Alabama.

Sample size

The SASD conducted a census of all programs. The rationale for conducting a census was to furnish the SASD with complete information on its prevention system. This information will help the SASD better understand how its funds are used. Table ES-1 below shows the calculations of the final size of the census.

Table ES-1. Sample Size by Funding Stream

Funding Stream	Number of Providers	Number of Programs
Block Grant	33	137
Governor's Grant	119	119
DARE	44	44
Total	188	300

Representativeness and generalizability of sample

Our census is highly representative of programs SASD funded. The sample was not designed to represent programs funded by other agencies. However, many of the programs in our sample may receive additional funding from other agencies. Hence, the sample is likely to capture some information on programs outside of the SASD prevention system, but may not be fully representative of these services.

We can also consider representativeness with respect to the time frame. This study provides a snapshot of the use of funds for the fiscal year 2000. Our understanding is that the prevention system is fairly stable in Alabama, making this study applicable to more recent years. Nevertheless, the State may wish to consider updating these results in the next several years.

Data Collection

Recruitment procedures

Pre-recruitment began in May of 2000 with the release of an announcement. The Chief of Prevention and the Chief of Research, Evaluation, and Information mailed the announcement to all prevention providers funded through the Block Grant, Governor's Grant, and DARE. The announcement informed agencies that a survey would take place during the next year and requested updates to each agency's contact information.

Recruitment officially began in October of 2001. To launch the survey, we mailed an official launch announcement from the Associate Commissioner for Substance Abuse to each eligible provider. Respondents also received a set of instructions and a worksheet to help them organize and record the required information.

Administration

The survey questionnaire was self-administered. Respondents telephoned us to receive a password, which they used to log onto the survey. After logging on, respondents read

the information on the opening screen. The information included the privacy assurance, important contact numbers, and a statement of the reporting burden. Instructions on the screen directed respondents to select a button labeled “Next” to continue with the survey after reading the information. A subsequent series of screens contained the study instrument. The footer of each screen displayed two telephone numbers that respondents could call with questions. Respondents could telephone either an SASD official (the Chief of Research, Evaluation, and Information) or the research coordinator. Respondents navigated from screen to screen by clicking a button on each screen marked “Next”.

Administrator training

A trained research coordinator oversaw the administration process. The coordinator provided passwords and monitored survey completion. She contacted agencies that completed their forms on time and negotiated a completion schedule. In addition, she delivered technical assistance, such as helping participants navigate the forms and answering substantive questions about the survey.

Quality control

Gathering complete data was a major component of our quality control plan. Hence, the survey software did not allow respondents to leave most questions blank. Collecting accurate data was another major component of our quality control plan. This task was simplified by the multiple-choice format of most questions. In addition, multiple-choice questions reduced the chance of a data entry error and eliminated out-of-range responses.

Methods utilized to maximize response rates

We employed several techniques to maximize response rates. First, the Prevention Chief and the Chief of Research, Evaluation, and Information sent out an advance announcement. Second, an official launch announcement was sent to respondents. The announcement was initialed by the Associate Commissioner for Substance Abuse and gave a deadline for completion. Third, the research coordinator attempted to contact every provider that did not complete the survey. The coordinator kept the tone of the calls positive and encouraging, and she worked with respondents to resolve any problems that prevented them from completing the survey on time. Finally, the Associate Commissioner sent a memorandum to Block Grant providers who had not responded even well after the deadline.

Sample design execution

<u>Response rates</u>
Although the initial deadline for completing the questionnaire was December of 2001, we continued to contact respondents and collect data until August of 2002. The purpose

of this extended data collection period was to maximize response rates. Table ES-2 below displays the response rates for each funding stream.

Table ES-2. Response Rates by Funding Stream

Funding Stream	Response Rate
Block Grant	91
Governor's Grant	48
DARE	45
All Funding Streams	53

Sample frame limitations

During the reporting phase of this study, an analyst discovered that one of the sample frames was incomplete. Five Block Grant providers were missing from the sample frame, as well as one Governor's Grant provider. These providers did not participate in the study since they were not listed in the sample frame and the data collection stage had finished many months prior. However, they represent only a small fraction of the total number of providers. The five Block Grant providers account for only 13% of the Block Grant recipients. Thus, the State data are still highly representative of Block Grant providers. At the regional level, the data should be interpreted with greater caution, since these missing providers may account for a moderate fraction of the services in their respective catchment areas. The missing Governor's Grant provider accounts for less than 1% of all providers in this funding stream, and thus its absence likely has a negligible effect on the data.

Limitations in the source data

General limitations

All data sets have limitations, and this study's data is no exception. An important limitation pertains to reporting for each objective. The SASD instructed Block Grant providers to complete one questionnaire for each funded objective. Six Block Grant providers filled out one form for all objectives, and we obtained corrected forms from only one of them. Rather than discard the data, we used special analytic techniques to compensate for the combined reports. The data analysis section describes the relevant analyses and techniques.

Two other general concerns are more minor but worthy of mention. First, a number of providers commented that they estimated the data for some questions. The most frequently estimated variables appear to be age, gender, and ethnicity. Second, two respondents noted that they were new staff members and did not have data for the fiscal year 2000. These respondents, following the instructions of the research coordinator, provided data for the fiscal year 2001. We reasoned that 2001 data would be the best proxy for 2000 data, since prevention services in Alabama tend to change little from one year to the next.

Limitations with individual items

During the course of cleaning the data, we found two items with possible flaws. The first item is on the program budget. We found that respondents often listed the amount of the grant rather than the entire budget. With the exception of an analysis on mode effects, we did not use this item. The second item concerns the average number of hours per week, worked by paid and volunteer staff. Participants in the pilot project found the wording confusing, and our commitment to using a standardized questionnaire precluded changing the question's wording. The results from a frequency analysis suggested that some respondents may have misinterpreted the question. Since this item was not essential to our analyses, we did not use it.

Final Unit Of Aggregation

A major purpose of this study is to assess opportunities for improvement in the SASD's prevention system. This report will therefore focus on presenting data at the State level. An important facet of the State prevention system is how well the system meets local needs. To address this question, we will also present data at the regional level. These regional-level data will help both State and local planners target services to meet local needs. A map displaying Alabama's four health planning regions appears in Appendix H.

DATA ANALYSIS METHODS

Final Sample Characteristics

Testing for systematic differences between responders and non-responders

The response rates for Governor's Grant and DARE providers raise the issue of non-response bias. We examined the data to determine whether non-respondents differed systematically from respondents. There appeared to be no discernable geographic pattern to the response rates. Another concern was demographic differences in the populations served by responding and non-responding providers. We compared county-level response rates with measures of urbanicity, race, and median income. We did not find any significant differences between respondents and non-respondents on our demographic variables for either Governor's Grants or DARE programs. We also examined the data for differences in funding. We conducted a Mann Whitney U test on respondents and non-respondents in the DARE group. The results were not significant, indicating that funding levels did not differ among respondents and non-respondents. The second test compared funding levels for Governor's Grant recipients. In this case, the Mann Whitney U test statistic indicated that respondents received significantly more funding.

Analytic Procedures

Overview

The primary aim of this study was to thoroughly assess the SASD's current prevention system and make recommendations for enhancement. We formulated six research questions related to this aim and used the best available methodology to answer them.

A list of the research questions appears below. In the sections that follow the list, we explain the analytic methods for answering each question.

- *What types of prevention services are available?*
- *What goals do programs target?*
- *How many people do the programs serve?*
- *What populations do the programs serve?*
- *Has the State met its strategic goals for prevention service delivery?*
- *How can the State improve the delivery of prevention services at the regional and state level?*

Methods used to answer research questions

Question 1: What types of prevention services are available?
In order to obtain a thorough understanding of the programs and services provided, we conducted several analytic procedures. We ran descriptive statistics on three dependent variables, namely, name of program, type of service, and primary service. The variables are from Items 1, 2, and 3 of the CRA questionnaire, respectively. The information from each variable highlighted a different aspect of the services and programs in place.

Question 2: What goals do programs target?
Item 10 on the questionnaire asks respondents which goals their program addresses. Respondents indicate whether each goal is a "main focus", "not a main focus but addressed", or "not addressed". For each goal, we calculated the percentage of programs reporting that the goal was a major focus. We performed separate calculations for each funding stream. A table presenting Statewide results appears in the results section of this report, while tables with regional results are presented in Appendix M.

Question 3: How many people do the programs serve?
The number of participants, reported in Item 4, varies by program. We created a table with several statistics that describe this variation. A table in the results section presents these statistics for the State as a whole, and tables with regional results appear in Appendix N.

Question 4: What populations do the programs serve?
Special Populations

Item 8 of the CRA questionnaire contains a checklist of 38 populations that programs can serve. Respondents select each population on the list that they consider a primary population. We conducted a frequency analysis to assess, which populations were the

most and least served. The resulting Statewide frequency table is shown in the results section. The regional frequency tables appear in Appendix O.

Gender

Respondents report the percent of male and female participants in their program on Item 7. The results section of this report presents three bar charts that illustrate the composition of programs in each funding stream. We also created bar charts with the same format for the data in each region. These charts are found in Appendix P.

Ages

The CRA collects age data by category in Item 5. For each age category, we calculated the percentage of programs with participants in each age category. The Statewide percentages are shown in a table in the results section. The corresponding percentages for each region appear in Appendix Q.

The composition of programs was also of interest. A table with information on the age composition of programs throughout the State is shown in the results section. The tables in the main body of the report present data for the State as a whole, while Appendix Q presents regional tables.

Ethnicity

The ethnicity question (Item 6) is similar in structure to the age question. We constructed tables similar to the tables that present the age data. The first table shows the percent of programs in each funding stream serving members of each ethnic group. The second table describes the ethnic composition of programs. Statewide results appear in the main body of this report, and regional results appear in Appendix R.

Question 5: Has the State met its strategic goals for prevention service delivery?

In the Alabama SAPT Block Grant application, the State set four goals for the use of funds in the fiscal year 2000. The purpose of this analysis was to determine whether the services delivered by local providers met these goals. For each goal, we created a table displaying the number of programs by service type and region. These tables illustrate whether the goal was met and allow the reader to discern which services contribute the most to meeting the goal. Only programs funded by the Block Grant are included in the tables because the goals pertain only to Block Grant funding.

Question 6: How can the State improve the delivery of prevention services at the regional and State level?

The CRA data can shed light on three topics related to the delivery system: best practices, barriers, and collaboration. The CRA questionnaire has several questions related to best practices. We reviewed the instrument and established a set of criteria that determine whether each practice is in place. After establishing our criteria, we calculated the percent of programs following each practice and displayed the results in

a series of tables in Section 9. The tables present Statewide by funding stream. Regional results appear both in the main text and in Appendix S.

The CRA contains 17 items on various barriers. The results section presents Statewide graphs for each barrier question. Separate frequency graphs appear for each funding stream. Graphs for each region appear in Appendix T. In addition to analyzing specific barriers, we investigated whether some regions experience more barriers in general. We created a variable equal to the average number of barriers reported in the region. We display our findings as a table in the results section. The table shows the average number of barriers by funding stream and region. State-level results are also shown.

RESULTS AND FINDINGS

Question 1: What Types Of Prevention Services Are Available?

Program name

To describe program names, we created five categories and assigned a category to each name. The most popular category by far was "prevention services." Approximately 46% of program names fell into this category. The second most popular category was program names that described services provided by the program (e.g. "youth council"). Approximately 23% of programs fell into this category. In contrast to Block Grant programs, the most popular category among Governor's Grant programs was specific project names or curricula. Over one-third of Governor's Grant programs fell into this category. Program names describing the services provided were the second most common category. This category accounted for approximately 36% of programs. Approximately 91% of the program names for DARE contained the word *DARE.* The remaining 9% consists of only two DARE programs.

Services provided

The CRA presents respondents with a list of services and asks them to indicate which services they provide. Figures in the main body of this report display the popularity of each service. Among all funding streams, life skills/social skills training was the most popular service.

Service type by region

In order to gain a broader understanding of the types of services offered in each region of the State, we ran a cross tabulation for each funding source looking at the specific regions in the State by service categories (youth, family, school and community). In all four regions and funding streams, youth-based services were the most popular service category.

Primary service

This analysis focuses on the service that providers consider their primary service. Figures 4-6 in the main body of this report contain bar graphs showing the popularity of each service category. Life skills/social skills training was the most popular category in each funding stream.

Primary services by region

Tables L-1, through L-4, found in Appendix L, show the primary services offered in each region by funding stream. Life skills/social skills training was the most popular service in each region and funding stream, although it occasionally tied with other services for first place.

Question 2: What Goals Do Programs Target?

Table 9 in the main body of this report presents data on program goals. Programs in all funding streams focus on a variety of goals. The most popular goals are almost identical among the three funding streams. Two goals were among the three most popular goals in all three funding streams: to strengthen perceptions about the harmful effects of ATOD use and to strengthen attitudes against ATOD use. Improving social skills was one of the top three goals among Block Grant and Governor's Grant programs, while preventing or delaying the first use of ATOD was a top goal among Governor's Grant and DARE programs. Reducing involvement in drug-using peer groups and increasing youth awareness of peer norms opposed to ATOD use were two of the top three goals among DARE programs only. (More than three goals can rank among the top three due to ties in ranking). A series of tables in Appendix M shows the data on goals by each region.

Question 3: How Many People Do The Programs Serve?

Table 10 in the main body of this report displays information on the program size. The range in program sizes is very wide. The data show that while the largest programs are over 10,000 people, most programs lie within a smaller range. Tables N-1 through N-4 in Appendix N show the results by region.

Question 4: What Populations Do The Programs Serve?

Special populations

Table 11 in the main body of this report shows the percent of programs targeting each population. The most frequently targeted groups among all three funding streams are school-based populations. Regional results are available in Appendix O.

Gender

Figures 7-9 in the main body of this report contains bar charts depicting the gender composition of Block Grant programs. As shown in the chart, the preponderance of Block Grant programs, nearly 70% are of mixed gender. Governor's Grant programs

also tend to be co-educational. Over 89% of the programs are categorized as mixed gender, while DARE programs are always of mixed gender.

Age

Programs with participants in each age group

Table 12 in the main body of this report presents data on the age groups served by programs. Block Grant and Governor's Grant programs show a similar pattern. The percentage of programs serving each age group rises after pre-school and falls after adolescence. DARE programs have an even greater focus on youth, particularly the 5 to 11 age group. Results by region appear in Tables Q-1 through Q-4 in Appendix Q.

Programs that focus on particular age groups

Table 13 presents State data pertaining to programs that focus on particular age groups. A substantial number of Block Grant programs focus on youth. In total, 20% of the programs have a majority of participants in one of the age groups for ages 5 to 17. The pattern for the Governor's Grant data is very similar to the pattern in the Block Grant data. There is a strong focus on ages 5 to 11 among DARE programs. A total of 33% of DARE programs focus on this population. Appendix Q shows tables similar to Table 13 for each region.

Ethnicity

Programs with participants of each ethnicity

Table 14 in the main body of this report displays the percentage of programs serving various ethnic groups. It is important to note that these percentages were calculated using data on the percent of program participants from each ethnic group.

Data from Block Grant programs appear in the second column of Table 14. African-Americans are the most widely represented ethnic group, with 98% of the programs having participants of this ethnicity. Programs reported serving white participants nearly as frequently. The percentage of programs serving whites was 94%, making whites the second most widely served ethnic group. The third most widely served ethnic group was Hispanics/Latinos. Approximately 32% of Block Grant programs had participants from this ethnic group.

Data on Governor's Grant programs appears in the third column of Table 14. The pattern in the Governor's Grant data is similar to the pattern in the Block Grant data. African-Americans are the most widely served ethnic group, with only a 2% reporting difference between Governor's Grant and Block Grant programs. Whites are the second most common group, although the percentage of Governor's Grant programs with white participants is 83%, roughly 11% less than the percentage of Block Grant programs with white participants. The results for the remaining ethnic groups almost mirror the Block Grant results. Hispanics/Latinos are the next most widely served ethnic group in both funding streams, followed by Asians, Native Americans and Native Hawaiians and Pacific Islanders.

DARE programs serve the most diverse group of participants, as shown in the fourth column of Table 14. All of the programs reported having white and African-American participants. Over one-half of the programs, 56%, served Hispanic/Latino participants, while 38% reported that at least some of their participants were Native American. In addition, 25% of the programs reported serving Asians, while 13% of the programs reported working with Native Hawaiians and Pacific Islanders. Tables R-1 through R-4 in Appendix R display the results by region.

Programs focusing on one ethnicity

Since prevention programming can be culturally specific, the question arises as to how frequently programs focus on one ethnic group. Table 15 in the main body of this report was designed to shed light on this issue. The data for each funding stream are divided into two columns. The first column shows the percent of programs classified as serving "mostly" one ethnicity. For these programs, between 75% and 99% of the participants belong to the relevant ethnic group. The second column shows the percent of programs where all of the participants are from the corresponding ethnic group.

Inspection of the table reveals that a substantial portion of Block Grant programs serves mostly white or mostly African-American populations. In total, 55% of Block Grant programs have either a white or an African-American majority. There were no programs with a majority of participants from any other ethnic group. Governor's Grant programs appear to be more ethnically concentrated. In total, 62% of the programs serve primarily whites or primarily African-Americans. DARE programs follow a different pattern. The only category with a non-zero percentage was "mostly white". Approximately 56% of the DARE programs reported that the majority of their participants were white, although none of the programs reporting having only white participants. Tables R-5 through R-8 present the regional data on this topic.

Question 5: Has The State Met Its Strategic Goals For Prevention Service Delivery?

Goal 1: Provide a minimum of ten family strengthening programs within each region

Table 16 in the main body of the report shows the number of family strengthening programs provided in each region. Regions 1, 2, and 4 provide over ten family strengthening programs, while only two family strengthening programs were reported in Region 3. At first glance, the State does not appear to have met its goal for Region 3. However, not all Block Grant programs in Region 3 participated in this study. It is possible that the State has met its goal but that the data do not reflect this due to non-participation in the study.

Goal 2: A minimum of twenty high-risk adolescent education programs are provided within each region

Table 17 in the main body of this report shows the number of programs with life skills/social skills programs for high-risk youth. Each region provides fewer than 20 high-risk adolescent education programs, although Region 2 is very close to its goal with 19 programs. Youth support groups could also be considered education programs. Table 18 shows the number of youth support groups in each region serving high-risk youth. There are fewer of these programs in each region. All of these programs also provide life skills/social skills training, and hence they do not contribute to the State's goal.

Goal 3: A minimum of ten high-risk alternative programs are provided within each region

Table 19 shows the results of a cross tabulation analysis calculating the number of high-risk alternative programs that serve high-risk youth. The table includes the break down of services provided. As depicted in the total row, only Region 1 provides over ten high-risk alternative programs.

Goal 4: Full continuum of prevention services are provided within each region

We ran cross tabulation analyses to determine whether each region has at least one program in every strategic category. Programs are classified according to their reported primary service. Table 20 shows the number of programs in each category for each region. Problem Identification and Referral is marked with an "N/A" in Regions 2, 3, and 4 to indicate that data were not available. Setting this issue aside, Table 20 shows that only Region 4 met its goal.

Question 6: How Can The State Improve The Delivery Of Prevention Services At The Regional And State Level?

Best practices

Science-based programming

We attempted to determine the percentage of programs using science-based curricula from the name of the program given in Item 1. As noted earlier, many programs gave very general names such as "prevention," that did not describe the curriculum in use. Nevertheless, we found several science-based programs in place. These results indicate that at least some providers are implementing science-based programs in Alabama.

Collaboration

Table 21 in the main body of this report shows the frequency of joint planning among regions and funding streams. Statewide, joint planning occurs frequently among all three funding streams. Over 76% of Block Grant programs participate in joint planning, while 86% of Governor's Grant programs participate in this form of collaboration. Among DARE programs, over 81% plan jointly with other agencies. Co-sponsoring activities and events is another form of collaboration. This form of collaboration was also quite

common, as shown in Table 22. Statewide, over 70% of the programs in each funding stream co-sponsor activities and events with other organizations. Fewer programs reported sharing funding and staff, as shown in Table 23. At the State level, the percentage of programs sharing funding or staff ranged from 33% among DARE programs to 37% among Governor's Grant programs.

Use of data

Table 24 displays frequencies of data utilization in a number of categories. Many Block Grant programs use data extensively for several purposes. Over 90% of these programs use data to meet funding requirements, determine program effectiveness, and contribute to proposals. In addition, over 80% use data for program planning and describing activities and participants. A similar pattern among Governor's Grant recipients is apparent. DARE providers use data less frequently than Block Grant and Governor's Grant providers. The only two uses of data reported by more than 75% of are writing proposals and determining program effectiveness. The percentages for the remaining uses of data are all below 50. It is also interesting to note that DARE providers use data the least frequently of all funding streams in all categories except needs assessments. Tables S-1 through S-4 in Appendix S present information on data utilization for each region.

Barriers

Individual barriers

Figures 10, 11, and 12 present data on barriers for Block Grant, Governor's Grant, and DARE programs, respectively. The most common barriers among Block Grant programs were lack of community interest and lack of public awareness. Over 50% of the programs reported experiencing each of these barriers. Other common barriers were a lack of transportation, participant dropout, and insufficient staff due to a lack of funding. The most common barrier among Governor's Grant programs was insufficient staff due to a lack of funding. Approximately 69% of the programs reported experiencing this barrier, and over 40% cited this barrier as significant. Limited hours and a lack of transportation were also common. The most widespread barrier among DARE programs was insufficient staff due to a lack of funding. Over 60% of the respondents from DARE programs encountered this challenge. The next two most common barriers were limited hours and a lack of slots. Figures T-1 through T-11 in Appendix T present graphs of barriers at the regional level. There is a separate bar chart for each region and funding stream.

Average number of barriers

Table 25 shows the average number of barriers reported by programs in each funding stream and region. The last row in the table displays the results by funding stream for the State as a whole. The average number of barriers showed only a little variation by funding stream. Governor's Grant programs in the State reported an average of six barriers, while Block Grant programs reported five. The average number of barriers reported by DARE programs was three.

CONCLUSIONS AND RECOMMENDATIONS

Question 1: What Types Of Prevention Programs And Services Does Each County Provide?

Program name

The State may wish to consider transforming this item into a series of questions in future studies. The first question should ask for the name that the respondent's agency uses to refer to the program, while follow-up questions will determine the name of the curriculum upon which the program is based. These questions will allow the State to determine which programs are delivering standardized curricula.

Services provided

Life skills/social skills training for youth and information dissemination are widely offered within each funding stream, while parenting/family management training is a popular service among Block Grant and Governor's Grant programs. Since these services are so widely offered, the recommendation is that planners at both the State and local levels coordinate services to ensure that these services do not overlap. The resources freed from the overlap could be applied to services that are still needed or to target populations that are underserved.

Life skills/social skills training, information dissemination and parenting/family management are mainstays of prevention; it is not surprising to find them among the most common services. However, there are a number of other prevention services that providers should consider. A major recommendation is that Block Grant providers engage in activities that focus on community change. Services such as community mobilization, community capacity building, and working to develop and enforce effective laws and policies are of critical importance. These services can increase public awareness, mobilize the local community, and make the community environment less conducive to substance use.

Another recommendation is that Block Grant providers consider programs focused on school organization. There are several science-based programs that reduce both substance use and anti-social behavior, such as the "Olweus Bullying Prevention Program". These programs could be especially valuable additions to the continuum of services in areas where the more typical prevention programs based on classroom instruction are already in place.

A final recommendation concerns the CRA questionnaire itself. Since life skills /social skills training is such a popular category, the State may wish to add a question to determine which life skill or social skill the program strives to teach. This question may help planners to uncover additional gaps and redundancies in services.

Primary service

As noted earlier, life skills and social skills training is a key aspect of prevention, Fittingly, it was one of the more popular services. However, since three funding streams focus on this service, redundancy is of concern. A recommendation for funding streams is to coordinate services to reduce any overlap in primary services. Block Grant and Governor's Grant programs could then use the resulting resources to expand services that are proven effective but are not offered in their area. In addition, it is recommended that Block Grant and Governor's Grant programs cease to offer primary services that are not proven effective on their own, such as drug free activities and supervised after-school recreation. These activities need not be eliminated, but should be combined with and support effective primary services, such as life skills and social skills training.

Question 2: What Goals Do Programs Target?

The goals most frequently endorsed by providers are key elements of most substance abuse prevention programs, and their popularity is therefore appropriate. However, results from the Alabama Student Survey (Kellerman et al., 2003) suggest there are two additional goals that Block Grant programs should target. The student survey found that perceived access to substances and community laws and norms favorable to use were strong predictors of youth substance use. However, few programs reported focusing on goals that address these issues, such as reducing youth access to substances; developing community laws that restrict substance use; working towards clear policies regarding substance use; and strengthening community norms, laws, and attitudes against ATOD use. We strongly recommend Block Grant providers increase the number of activities related to these goals. Collaborating with community coalitions and other community organizations is one of the best methods of addressing these community-oriented goals.

Governor's Grant programs tend to focus most heavily on goals in the peer and individual domain. Since the Governor's Grant program is intended to serve high-risk youth, these goals are appropriate. However, there is the possibility that services in some areas are redundant with those provided by Block Grant programs because Block Grant programs tend to focus on many of the same goals. Our recommendation is that Governor's Grant programs coordinate with local Block Grant programs to eliminate this possibility. At the State level, funding agencies for the two grants may wish to coordinate the overall aims of each funding stream. For example, Governor's Grant programs could specialize in improving student commitment to education, while Block Grant programs could specialize in strengthening attitudes against substance use.

DARE is a standardized program, and we would expect that programs would consistently endorse a small set of goals. Although nearly all programs focused on the three most popular goals, some programs also focused on other goals. This result suggests that providers either differ on their perceptions of DARE's secondary goals or are adapting the curriculum. Since the current curriculum of DARE has not been shown to be effective, it is difficult to gauge the effects of either adaptations or differing

perceptions of goals. We recommend that providers who implement DARE conduct a local evaluation to determine whether their program has any effect.

Currently, a new version of DARE is being tested at the national level. Should programs adopt the new curriculum when it becomes available, we recommend program staff attend any related training sessions. These training sessions will help staff learn the goals of the program and understand how to deliver the curriculum most effectively. We also recommend program staff discuss any potential adaptations to the new curriculum with the national program developers.

Question 3: How Many People Do The Programs Serve?

There is a surprisingly high number of programs with large participation numbers (i.e. over 10,000). This phenomenon could have several causes. One possible cause is that programs in Alabama can serve large numbers of participants with available funding. Another possible cause is that respondents reported the number of people exposed to their services rather than the number of people who have actually participated. It is also possible that respondents simply overestimated the number of people served. We recommend further study on this topic. Understanding why programs are reporting such large numbers of participants will help State planners determine whether program sizes are optimal.

Question 4: What Populations Do The Programs Serve?

Special populations

The purpose of the Governor's Grant is to serve high-risk youth, and Governor's Grant programs reported focusing on these populations. DARE programs also appear to target populations appropriate to their grants, such as students, school personnel, and law enforcement. Our recommendation for these two funding streams therefore pertains not to the appropriateness of target populations but to the potential for overlap. Since students are the most common primary population in all three funding streams, it is possible that multiple programs are providing similar services to the same target population in a local area. We therefore recommend that planners and providers in all three funding streams coordinate with each other to eliminate any overlap in programming for school-aged populations. For example, Governor's Grant and Block Grant programs could select programs intended for older students or programs that address issues not included in DARE's curriculum.

In contrast to the Governor's Grant and DARE grant, Block Grant funds can be used for all populations. However, there is an emphasis at the Federal level on economically and socially disadvantaged populations that may have few other resources for prevention. The results from this study suggest that these populations may be underserved by Block Grant programs. Only 18% of programs reported that rural or isolated populations were primary populations, while a mere 9% targeted urban or inner city populations. A larger percentage, 40%, targeted economically disadvantaged youth, but only 16% reported that economically disadvantaged adults were a primary population. We

recommend State and local planners consider increasing the number of programs targeting these populations.

Many other populations in need appear to be overlooked by most Block Grant programs. College students and pre-school students are two of the larger populations served by only a handful of programs. A number of smaller populations are also targeted by only a few programs. These populations include but are not limited to coalitions, business and industry, homeless/runaway youth, and migrant workers. Some of these populations may also be appropriate for Governor's Grant programs. We therefore recommend that State and local planners from both funding streams perform a joint review of local demographic statistics and needs assessment data. The review process would determine which populations are present and need services in the area. Planners would then create a plan to provide services to each population in need without expending valuable resources on overlapping services.

On a final note, we recommend that planners in all three funding streams select programs that are appropriate for and effective with their target population. The Western Center for the Application of Prevention Technologies (CAPT) maintains a tool on its Web site that matches science-based programs with the appropriate target populations. The Web address for this site is http://casat.unr.edu/westcapt/bestpractices/search.php.

Gender

Most programs serve both genders. This result is not surprising, since most prevention programs are designed for both males and females. Some programs, such as those for pregnant women, will be most relevant to one gender. A recommendation is that Block Grant and Governor's Grant programs continue to use gender-specific programs where appropriate. DARE programs should continue to offer the program in co-educational settings. An exception would be private schools that wish to participate in DARE but have only male or female students. Private schools interested in DARE should contact national program developers to discuss how to deliver DARE their school setting.

Age

<u>Programs with participants in each age group</u>
Programs in all three funding streams serve school-aged youth the most frequently. The age distribution among Governor's Grant and DARE programs seems reasonable, since these funding streams are directed at youth. Block Grant funds can be used for participants of all ages, and two age groups appear to be underserved by these providers. Only 5% of Block Grant programs Statewide serve pre-school aged children, and only 17% serve the elderly. Both populations have prevention needs and are at risk for developing substance use problems. Pre-school aged children are at risk for developing these problems later in life, while the risk among the elderly is more immediate. In addition, many elderly persons may be caretakers for children who could be at risk. In light of these risks, a recommendation is given to expand the continuum of services to include the children under age five and the elderly. Science-based programs

have been designed especially for young children. To meet the needs of the elderly, programs should increase outreach efforts to this group and include them in programs for adults. It may also be necessary to adapt programs or design special programs to meet the specific needs of this population.

Programs that focus on particular age groups

Governor's Grant and DARE funds are directed towards youth, and it is therefore appropriate that youth groups form the only majorities among all programs. Block Grant funds can be used to serve people of all ages. Among Block Grant programs, there are some programs focusing on specific youth groups and a few that serve specific groups of adults. This outcome is not surprising because most prevention programs are designed either for youth only or for multiple age groups (e.g. children and their parents). Thus, no need is seen for additional programs that focus on one age group, with the exception of the elderly. Some members of this age group may have prevention needs that would not be addressed in a program designed for adults in general. It is recommended that State and local planners consider prevention programs designed to meet the needs of the elderly.

Ethnicity

Programs with participants of each ethnicity

The DARE programs appear to be fairly diverse, while Block Grant and Governor's Grant programs tend to serve the State's smaller ethnic groups (Hispanic/Latinos, Native Americans, Asians, Hawaiians, and Pacific Islanders) less frequently. These results could reflect the small size of these ethnic groups or could indicate that the groups are underserved. It is recommended that local planners examine the ethnic makeup of their programs and compare it to the ethnic makeup of the area they serve. If certain groups appear to be underserved, programs should perform additional outreach and needs assessment among these ethnic groups to understand how they can better meet their prevention needs.

Programs focusing on one ethnicity

Many programs in the State report having either a white or African-American ethnic majority, while none report a majority of any other ethnic group. It is recommended that State planners, local planners, providers, advocacy groups, and community members evaluate whether this result best meets the needs of Alabama's citizens. In some cases, programs designed for specific ethnic groups may best serve the needs of the group. For example, there is a version of Kumpfer's Strengthening Families program specifically designed for French-Canadians. In other cases, diverse programs may be more appropriate.

Question 5: Has The State Met Its Strategic Goals For Prevention Service Delivery?

Many Block Grant goals do not appear to have been met, but our results may be misleading because some Block Grant providers did not participated in the study. Our chief recommendation concerns this issue. Goals that were not met among participating

programs may have been met by a combination of participating and non-participating programs. We recommend the State study the services provided by non-participating programs to determine whether these goals were met. The State may also wish to further investigate which programs offer problem identification and referral, which was not adequately assessed by this study.

Based on the data from participating programs, several additional recommendations regarding participating programs can be made. First, we recommend that planners focus their attention on the quality of programs related to all goals. Planners should work with program providers to ensure programs are proven effective and appropriate for the local population. Second, we recommend the State reconsider Goal 3, which was to provide at least ten alternative programs in each region to high-risk youth. Since alternative strategies are not considered effective on their own, we recommend changing this goal to combine alternative activities with other effective strategies such as life skills training or environmental strategies.

There are several recommendations pertaining to Goal 4, which was to provide a continuum of services. A major recommendation is to provide more environmental strategies and community-based processes. Only a few primary services fell into these categories, yet these community-oriented activities are vital to Alabama's prevention efforts. These strategies mobilize communities and help reduce barriers such as lack of public awareness and lack of community interest. In addition, they can reduce environmental risk factors such as access to substances and community laws and norms favorable to substance use. We highly recommend that programs collaborate with coalitions and other community groups to increase the delivery of community-based processes and environmental strategies.

Another key recommendation pertains to alternative activities. We recommend the State remove alternative activities from its continuum of services and focus on combining alternative activities with other effective strategies such as education. The data from this study suggests that this change may already be taking place at the grassroots level. Many programs reported providing alternative activities, but few reported alternative activities as the primary service.

A third recommendation relevant to Goal 4 concerns information dissemination. This service can reach a wide audience, giving rise to the possibility of overlap among programs. In regions where multiple programs provide this service, we recommend coordination among programs to ensure that programs reach audiences throughout the region without providing redundant information.

A minor recommendation pertains to education. Educational programs account for the majority of services in each region. We see no need for change in this area, since education is a cornerstone of prevention. However, we recommend State planners subcategorize educational services and make each category a part of the services continuum. This step would ensure that the continuum spans all risk factors, protective factors, and content areas.

Our final recommendation is further investigation of programs offering problem identification and referral. The questionnaire for this study does not explicitly ask about this service category, and it is difficult to discern how many programs offer it. If the State wishes to determine whether this service is available in each region, further study is necessary.

Question 6: How Can The State Improve The Delivery Of Prevention Services At The Regional And State Level?

Best practices

Science-based programming

DARE is currently not considered a science-based program, although a science-based version has been developed and is being tested. Among Block Grant and Governor's grant programs it was difficult to discern the overall popularity of science-based programs, since most programs had general names that did not describe the curriculum in use (e.g. youth council). There were several programs in both funding streams named after science-based curricula however, which suggest that science-based programs are known in the State.

Programs in all funding streams should select the most effective programs available. We recommend DARE programs adopt the science-based curriculum when it becomes available. We also recommend that Block Grant and Governor's Grant programs select evidence-based programs whenever they are appropriate for the local population. Lists of science-based programs are available on the Western CAPT's Web site at http://casat.unr.edu/westcapt/bestpractices/search.php.

Collaboration

Programs in all three funding streams frequently collaborated on planning and activities. Sharing funding or staff was less common. A major recommendation concerns sharing funding or staff with other programs. This form of collaboration can help alleviate shortages in staff due to a lack of funding, which was a frequently cited barrier throughout the State. Sharing funding or staff was relatively rare, with the exception of Block Grant programs in Region 1, Governor's Grant programs in Region 2, and DARE programs in Region 4. We recommend that programs seriously consider this form of collaboration.

We also recommend that programs that do not currently engage in joint planning and co-sponsoring activities consider doing so. These activities allow programs to benefit from the knowledge and skills of other agencies and can strengthen ties with the community. This recommendation is especially applicable to Block Grant providers in Region 3, where few programs collaborated with other organizations.

Use of data

DARE programs tend to utilize data less frequently in general, with the exceptions of supporting proposals and determining program effectiveness. Among Governor's Grant

and Block Grant programs, three purposes tend to be underutilized: reporting to key stakeholders, formal needs assessments, and community mobilization. We recommend that programs make full use of available data, since there are clear benefits from each use of data. For example, reporting data to key stakeholders can help garner support for programs, while needs assessments help planners determine and plan for local prevention needs. Using data in community mobilization efforts can raise awareness, inspire communities to act, and highlight progress. Community mobilization is especially important in Alabama, since programs frequently reported related barriers, such as a lack of community interest and a lack of public awareness of services offered.

Barriers

Individual barriers

Programs in all three funding streams face a number of barriers. Some barriers are common Statewide while others are unique to each region. We recommend State planners focus on reducing the most common barriers Statewide. Local planners can then address barriers unique to their region. Among Block Grant programs, provider rapport with the community appears to be an important issue. Lack of community interest and lack of public awareness of services were among the top barriers in the State, suggesting a need for publicity and other community mobilization efforts. State planners can assist these efforts through training and technical assistance. In addition, several relevant training modules are available through one of CSAP's Web sites (http://p2001.health.org/). State agencies can also encourage local programs to focus on these issues by incorporating a plan to address barriers into the grant application process.

Lack of transportation was a common barrier for both Governor's Grant and Block Grant programs. There is a need for planners and programs to work together to develop creative solutions to this problem (e.g. encouraging participant car pools). State agencies can also reduce this barrier by incorporating transportation planning into the grant application process and allowing programs to allocate funds towards transportation.

Governor's Grant and DARE programs frequently cited a lack of slots and limited hours as barriers. This result was surprising in light of the large median program sizes reported by these programs. We recommend that the State agencies funding these programs help programs find creative ways of stretching their funding dollars, such as collaborating with other community organizations.

A final recommendation pertains to insufficient staff due to a lack of funding. This barrier was very common among Governor's Grant and DARE providers, and was experienced by many Block Grant programs as well. Current budget cuts in the State will make this barrier challenging to resolve, but it should be addressed. We therefore recommend State and local planners work together to develop creative methods of attracting and retaining staff.

Average number of barriers

Programs in all three funding streams face multiple barriers. This finding highlights the need for State and local planners to work with programs to overcome these barriers. We recommend State planners address the barriers that are most common throughout the State, while local planners attend to barriers specific to their area.

INTRODUCTION

In 1999, the Alabama Department of Mental Health and Mental Retardation, Substance Abuse Services Division (SASD) received a contract from the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) to conduct a prevention needs assessment. With this contract, Alabama became 1 of 19 states participating in CSAP's State Needs Assessment Program. The program gave states the opportunity to assess their need for prevention services using a methodological framework developed by CSAP and early participants in the program.

The Alabama Prevention Needs Assessment is comprised of three studies: a survey of youth in public school, the Social Indicator Study, and the Community Resource Assessment. This technical final report pertains to the third study, the Community Resource Assessment. This study is an assessment of programs and services funded by the SASD to prevent substance-related problems among young people and adults. The study examines the current prevention system, compares it to existing need, and provides recommendations for enhancing the system. This report provides background information on the study, describes the study methodology, and discusses the results. A section devoted to conclusions and recommendations closes the report.

PURPOSE AND RATIONALE

The objective of the Community Resource Assessment (CRA) is to inventory and assess existing prevention resources among providers who receive funding from the SASD. This study assesses whether the current system meets the State's strategic goals for prevention and identifies areas where the system could be enhanced. The data from this study, in conjunction with data from other studies in Alabama's Prevention Needs Assessment project, will allow us to examine the relationship between current prevention programs and identified prevention needs. Several key research questions will guide our approach:

- What prevention services are available in the State?
- Have the State's goals for prevention service delivery been met?
- What are the strengths and weaknesses of the Statewide prevention system?
- What are common barriers to providing services?

THE ALABAMA SUBSTANCE ABUSE PREVENTION PLANNING SYSTEM

The mission of the SASD's prevention services is to reduce the high-risk behavior associated with alcohol, tobacco and other drugs (ATOD). This mission is implemented through the development, financial support and evaluation of services that reduce risk factors and strengthen protective factors. Since different risk and protective factors require different interventions (Brounstein, Zweig & Gardner, 1998), the State funds a variety of services that span the continuum of CSAP's six prevention strategies.

The current prevention system emphasizes local control. The State is divided into 22 catchment areas, each of which is run by a local board. Each catchment area board is statutorily responsible for planning mental health, mental retardation, and substance abuse services. The boards are comprised of representatives from the local municipalities and agencies. Each catchment area is funded according to a population-based formula. Community providers in each catchment area submit proposals for funding available to the catchment area. The SASD, in conjunction with a Prevention Advisory Committee, reviews the proposals and funds programs according to its priorities and the ability of the program to meet local needs.

A major obstacle in fulfilling the SASD's mission is that it had a small amount of data available to assist with setting priorities prior to this needs assessment. Historically, the SASD has relied heavily on national surveys and expert opinions to determine prevention needs. Other factors influencing resource allocation include historical program funding and the limited use of crime statistics. Some data on substance use outcomes are available from Alabama's treatment needs assessment program, but this information is clearly not an adequate substitute for prevention-focused data.

The lack of needs assessment data has had a negative impact on the community providers who bid for funds. Without these data, community providers have difficulty demonstrating that their proposed services meet local needs. Community providers rarely conduct local prevention needs assessments because the infrastructure for conducting these studies is not in place. Consequently, providers rely heavily on the historical success of the program to justify additional funding.

The State of Alabama recognizes the limitations of the current system for adequately planning and implementing prevention services. The Alabama Prevention Needs Assessment is designed to provide data that can help planners overcome these limitations. This study will contribute significantly to the project by assessing how the prevention system can be improved in order to better respond to the prevention needs of the State's population.

THE ATOD PROBLEMS AND PREVENTION ISSUES TO BE ADDRESSED

We conducted a census of all SASD funded prevention providers, using CSAP's Core Constructs for Community Resource Assessment. The instrument collects a wealth of data on prevention programs that can be analyzed to answer the research questions

posed earlier. The Core Constructs also contain questions related to the risk and protective factors addressed by the program. By comparing the factors addressed to the prevalence of the risk and protective factors, researchers can uncover areas of inappropriate service delivery or unmet need. This information will help planners and providers set funding priorities, consider improvements to the resource allocation formula, evaluate how the current system meets the needs of its population, and make data-driven decisions about how to improve the system.

THE FAMILY OF NEEDS ASSESSMENT STUDIES

The central purpose of this study is to compare services provided with services needed. This study will provide data on services provided, while two other studies will provide the data on need. The student survey documents risk and protective factor levels among Alabama's youth. By comparing risk and protective factors in each county, we will be able to determine which areas of the State are most in need of prevention services. The prevalence of risk and protective factors will also yield insight on which prevention services and strategies are the most appropriate for each county. The results from the second study, an analysis of social indicator data, complement the results from the school survey. The social indicator study uses archival data to measure risk and protective factors in each county. Together, these three studies form a comprehensive family of prevention needs assessment studies that help identify gaps and areas of overlap in the current prevention system.

RATIONALE FOR DATA COLLECTION METHOD

The instrument used for this study is the CSAP Core Constructs for Community Resource Assessment. CSAP requires the use of these items. Many of the states in the CSAP Prevention Needs Assessment program are using the instrument, including Arizona, Connecticut, Delaware, Hawaii, and Missouri. The use of a common questionnaire allows states to collaborate with each other on the improvement of key processes including survey administration, data analysis, and data utilization.

The mode of administration for this study is the Internet. Respondents linked on to a Web site designed for this study and completed a Web-based questionnaire. Reporting over the Internet reduces the reporting burden in that respondents may complete the questionnaire at their convenience. In contrast, a telephone survey would require respondents to be available at a specific time and would entail extensive and costly coordination between the respondents and the SASD. A mail survey would reduce the scheduling burden, but would require costly and time-consuming mailings. Surveying over the Internet eliminates this last step, since respondents submit their data by simply clicking a button at the bottom of the electronic form. It also reduces data entry costs because respondents enter their data electronically rather than submit a paper questionnaire to be entered by a research assistant.

LITERATURE REVIEW

Prevention research is rooted in the notion that there are risk factors that can partially predict substance use outcomes. These risk factors can be described as "characteristics, variables, or hazards that, if present for a given individual, make it more likely that this individual, rather than someone selected from the general population, will develop a disorder" (Mrazek & Haggerty, 1994, p. 6; cf. Werner & Smith, 1992; Garmezy, 1983). A substantial line of research conducted by Hawkins and colleagues (e.g., Hawkins, Catalano, & Miller, 1992; Hawkins, Catalano, & Arthur, 2002; Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002) has yielded a framework that has guided numerous substance abuse prevention efforts. According to models proposed by Hawkins and colleagues, there are several categories, or *domains*, into which risk factors (e.g., friends' use of drugs; attitudes favorable toward drug use) are classified: school, community, family, and peer/individual. Although some risk factors may indeed be better predictors of substance use outcomes than others, the preponderance of studies in this field has focused on the concept that the number of risk factors to which an individual is exposed is associated with the likelihood of substance use, thus weighting the importance of each risk factor equally (e.g., Pollard, Hawkins, & Arthur, 1999; Newcomb, 1995; Mrazek & Haggerty, 1994; Newcomb & Felix-Ortiz, 1992).

Protective factors (e.g., opportunities for prosocial involvement; familial attachment) may serve to mitigate the harmful effects of exposure to risk factors. Similar to risk factors, protective factors have been categorized into various domains (i.e., school, community, family, peer/individual). The exact role of protective factors in shielding against substance use outcomes is unclear. Evidence suggests that protective factors may work by buffering (i.e., an interactive model) the damage incurred via experiencing risk factors, or may work to directly counter (i.e., an additive model) the negative effects of risk factors (e.g., Catalano, Hawkins, Berglund, Pollard, & Arthur, 2002; Pollard et al., 1999; Smith, Lizotte, Thornberry, & Krohn, 1995). While protective factors may exert stronger effects as the level of risk increases, they do not entirely negate the damaging effects of exposure to risk factors, as even high levels of protection do not appear to eliminate substance use outcomes when levels of risk are maximal (Pollard et al., 1999; Newcomb & Felix-Ortiz, 1992).

To maximize the utility of risk and protective factor research, it must be used to inform prevention practice. A needs assessment is a pragmatic tool that draws upon risk and protective factors and is helpful in establishing the prevalence of substance use among community members, the effectiveness of the prevention programs that are already in place, and the necessity of programs that should be implemented to fill voids in current prevention efforts. Data collected for a needs assessment form a composite picture of both the current levels of substance use and what levels can reasonably be expected in the near future, given community preventive resources and the risk factors for substance use to which a particular population is exposed.

Brounstein, Zweig, and Gardner (1998) state that needs assessment data are essential when reviewing program proposals. According to their research, a needs assessment should include "at a minimum, substance use prevalence data and identification of major risk and protective factors in the community" (p. 93). An important component of this needs assessment is the resource inventory, "that describes, for the defined community, existing strengths and assets . . . that address the need or have the potential to do so" (p.93). The data from the resource inventory are essential in that they allow planners to compare services provided with services needed. This information allows planners to set priorities for future funding (Arthur, Shavel, Tremper, Hawkins, & Hansen, 1997).

Our review of the literature revealed few scholarly publications of prevention resource assessment. Among the publications, there was considerable variation in the questions asked, the methods used, the results obtained, and the application of the findings. Breer, McAuliffe and Levine (1996) conducted one of the most comprehensive prevention needs assessments for the State of Rhode Island. The purpose of this study was to answer four questions critical to State planners: 1) whether spending on prevention was adequate, 2) if the people with the greatest need for prevention were getting the most prevention services, 3) whether the current mix of prevention programs and policies were optimal, and 4) if prevention funds were being administered efficiently. Two studies were conducted to answer these questions: a community needs assessment and a social indicator study. The community needs assessment gathered program agency budget data to determine how funds were being allocated across the various types of prevention programs. Providers were surveyed to identify the percentages of minorities participating in prevention programs, and a key informant study was conducted with agency directors. The results showed that prevention funds were being allocated to a wide range of groups and programs. Other results showed that Rhode Island's drug and alcohol use laws were not adequately enforced, and that most prevention programs and agencies were not coordinated and were therefore acting independently of one another. The informants agreed that the lack of planning and coordination was a key problem in the State. Another significant recommendation was to distribute funding according to estimates of relative need.

Another relevant line of research is Smith, Steckler, McLeroy, and Frye's (1990) study of tobacco prevention programs in North Carolina public schools. The study focused on school district tobacco use policies, smoking restrictions, compliance rates, and policy implementation. They also gathered data on prevention program materials, teachers delivering program curricula, targeted grades, and whether they thought the number of acres of tobacco fields in their communities have an effect on prevention programs. Smith et al. (1990) found that most schools in North Carolina have smoking prevention programs in place but the programs were not effective because they were lacking certain minimum criteria. Smith et al. (1990) identified nine minimum criteria that should be addressed by prevention programs: 1) employing programs which have already established their effectiveness, 2) having a set program direction, 3) the "program content (including information about social consequences, short-term physiological effects, social influences, and resistance training)" (p. 259), 4) the duration of the

program, 5) the age of the students (it is particularly important that middle level students are reached), 6) “peer involvement” (p. 259), 7) the participation of parents, 8) having teachers effectively trained, and 9) “program implementation (the considered efforts of the school and community in enabling the implementation process)” (p. 259).

These examples of prevention resource assessment studies serve to illustrate the variation in methodology among research strategies. They also reveal that resource inventories produce useful and often surprising results. Arthur et al. (1997) came to a similar conclusion in their comprehensive review of prevention resource assessments. Based on their review, they made five recommendations to States performing resource assessments. First, states should establish a statewide needs assessment framework for using the prevention resource information. This is necessary because it facilitates the matching of resources with areas of need. Second, states should prioritize the type of resource data they wish to collect. This helps to ensure that the size of the entire resource assessment project is matched to the state’s capacity for conducting the review. Third, states should develop a mechanism for collecting data by using existing data sources and provider surveys. Some of the data needed in the resource assessment can be taken from the Single State Agency and other State and Federal agencies that have already gathered the information. Fourth, states should analyze and display funding and program data within the context of prevention policies and laws. The purpose of this is to expose the distribution of resources as compared with distribution of needs. Finally, states could benefit from providing training and technical assistance in resource assessment. It is important to support local-level planning efforts by training local planners in resource assessment in order to allow them to make educated decisions and perform effective local planning.

The Alabama Community Resource Assessment follows many of the recommendations set forth by both Arthur et al. (1997) and Brown (1997). Brown (1997) advocates interviewing agency personnel who are knowledgeable about their agencies and programs and have administrative authority and responsibility in their organization. Most importantly, Brown advises working with a group that has the authority and resources to conduct the assessment study. Data gathered in this resource assessment and in the other two studies in this comprehensive family of prevention needs assessment studies will be used to develop a comprehensive plan for responding to Alabama’s prevention needs, and it will be used to develop a plan for distributing the State’s programs and services such that needs will be effectively met.

METHODOLOGY

INSTRUMENTATION

Overview And Prior Uses Of The Instrument

We administered the Core Constructs for Community Resource Assessment, a standard instrument used for all community resource assessments in the CSAP Prevention Needs Assessment program. This instrument was developed by a group of States in the CSAP program. The Office of Management and Budget (OMB) approved the instrument, and it is currently in use by Arkansas, Arizona, Delaware, Hawaii, Missouri, Vermont, and Virginia. These States have administered the instrument to a diverse set of agencies in the prevention field, including mental health centers, schools, and private community agencies (e.g. Arizona Prevention Resource Center, 1999; CSR, Incorporated, 2002; DenHartog et al., 1999; Wilson et al., 1999).

Instrument Variables

The study instrument appears in Appendix A, while variables and response codes for the instrument appear in Appendix B. The variables are organized into tables, with each table displaying the variables and response categories for one topic. Each variable corresponds to one item or question on the instrument.

Table B-1 in Appendix B displays variables pertaining to services provided. The services are divided into four categories: youth-focused, family-focused, school-focused, and community-focused. For example, there is a variable under the youth-focused category that measures whether the program provides life skills training.

Table B-2 presents variables regarding demographic information. One variable measures the number of participants in the program, while additional variables collect information on the age, gender, and ethnicity of program participants. The questionnaire also collects information on populations served, as shown in Table B-3. The populations are organized into 5 groups: school, youth, family, community groups, and business organizations. These groups include special populations such as older adults, immigrants, and migrant workers.

The CRA also measures the goals of the program, and the corresponding variables appear in Table B-4. Each variable indicates whether the goal is a main focus, addressed but not a main focus, or not addressed. The goals closely correspond to the risk and protective factors cataloged in Hawkins, Catalano, and Miller (1992) and are organized according to the same domains. This organizational structure facilitates comparisons with data from the youth survey and social indicator study.

Table B-5 displays the variables related to barriers to service delivery. The instrument collects information on 17 barriers, which respondents rate as “significant”, “moderate”, “minor”, or “not a barrier”. There is also a variable that collects additional barriers identified by respondents. The instrument did not organize the barriers in Table B-5 into

categories, although many seem interconnected. For example, both lack of program slots and staff turnover could be related to a lack of funding.

The instrument collects information on a variety of other program characteristics, as shown in Table B-6. Most of the items pertain to program structure and operating patterns. Variables include:

- Program name
- Staffing patterns
- Annual program budget
- Street addresses of the facilities where the program occurs
- Collaboration with other agencies
- Use of program data

Pilot Test

Overview

The original CSAP instrument was designed for administration by paper and pencil. Since Alabama planned to administer the instrument via the Internet, a pilot test was appropriate. In 2001, we conducted a usability and pilot test to determine whether the Web-based survey application was clear to respondents and easy to complete. The testing methods were based on those found in Rubin (1994) and those employed by a major software corporation. The paragraphs below briefly describe the pilot test and its results. A detailed report on the pilot test appears in Appendix C.

The pilot test was designed to gather extensive usability data via direct observation, and a preference questionnaire was designed to gather information directly from each participant. The pilot test measured the time to complete the questionnaire while identifying errors and difficulties involved in technical aspects such as using text boxes, using the “Next” and “Back” buttons, scrolling through fields, and analytical issues such as interpreting and answering questions. Simulated tasks included logging onto the Web site and routine operation of the questionnaire.

Recruitment

Ten participants were recruited to pilot test the instrument. Participants were recruited from various agencies located in the State of Rhode Island. All participants were prevention program providers at the State or community level. Each participant completed the questionnaire with the test monitor present. Participants received a stipend in the amount of fifty dollars. There were no refusals to participate.

The participants were executive staff from community program providers in Rhode Island. The providers served diverse populations in urban and suburban communities. While the participants had knowledge of program provision, they did not have any experience with Web-based community resource assessments.

Test environment and equipment procedures

Seven of the ten participants chose to conduct the pilot test at their own establishment. These participants completed the questionnaire on their computers. The three participants who completed the pilot test at our offices were provided with an office equipped with a computer and mouse.

Orientation

The test monitor personally greeted each participant. Participants received a short, verbal introduction and orientation to the test, explaining its purpose and objective. The test monitor gave participants a survey announcement with the survey's Web site address, their password, and username. She then assured participants that the questionnaire, rather than their performance, was the center of the evaluation, and she encouraged participants to perform tasks in the manner that is typical and comfortable to them. The participants were informed at recruitment and reminded at orientation that the test monitor would observe CRA completion. Participants were instructed to "think out loud" and voice any concerns or problems while answering the survey questions.

Performance test

The performance test consisted of a series of tasks that each participant carried out while being observed by the test monitor. The participants sat at computer stations equipped with computers and a mouse. The test monitor gave participants a survey announcement and asked them to read the directions and proceed with the assessment. She then observed how participants logged into the Web site. Once logged into the Web site, the test monitor recorded the start and finish times, any errors, and all observations. She also recorded notes about relevant participant behavior, comments, and any unusual circumstances that may have affected the results of the pilot test (e.g., computer or Internet malfunctions, etc.). The test monitor did not help the participants unless a question about the test procedure was asked. Participants were asked to rely on the instrument, its documentation, and their own abilities to perform the required tasks.

Participant debriefing

After all tasks had been completed, the test monitor debriefed each participant. The debriefing included the following:

- Filling out a brief preference questionnaire pertaining to subjective perceptions of usability and aesthetics of the instrument. A copy of the preference questionnaire appears in the first appendix to the full pilot test report. A copy of the full pilot test report appears in Appendix C of this report.

- Participant's overall comments about his or her experience.

- Participant's responses to probes from the test monitor about specific errors or problems during the test.

The debriefing session served several functions. It allowed the participants to voice their opinions and any frustrations regarding the Web-based questionnaire. It provided important information about the participant's rationale for answering questions in a certain fashion, and it allowed for collection of subjective preference data about the questionnaire. Following the debriefing session, the test monitor thanked the participants for their time and paid them a stipend of fifty dollars.

Findings and recommendations

All participants finished the survey successfully. The mean completion time was 26 minutes. The longest completion time was 35 minutes and the shortest was 15 minutes. While non-critical errors (participant made a mistake and was able to recover) did occur, critical errors (participant was unable to recover and complete the task without help from the test monitor) did not occur.

The participants made a variety of recommendations for improvement. Some of these recommendations were technical in nature, and we were able to change the survey accordingly (e.g. repeating heading rows in long tables). Other changes concerned content, and we could not implement the recommendations because they would entail changes to the standardized, national instrument.

Review For Multi-Cultural Sensitivity

The instrument used in this study has been used in a variety of communities (e.g. Arizona Prevention Resource Center, 1999; CSR, Incorporated, 2002; DenHartog et al., 1999; Wilson et al., 1999). We recruited a diverse group of participants to participate in our pilot test. The pilot testers represented white, African-American, Hispanic, and Portuguese communities. Cultural issues were not noted during the test.

SAMPLING METHODOLOGY

Respondent Universe

A major objective of this study was to analyze thoroughly the use of SASD funds. In keeping with this objective, the respondent universe consisted of all programs funded by the SASD during the fiscal year 2000. During 2000, the SASD funded programs through three funding streams. The first funding stream is the Substance Abuse Prevention and Treatment (SAPT) Block Grant, a grant from the Federal government. The second and third funding streams use State funds. They are the Governor's High-Risk Youth Grant (henceforth referred to as the Governor's Grant) and the Drug Abuse Resistance Education (DARE) program.

Although the universe includes recipients from only three funding streams, it consists of a diverse set of agencies. The Block Grant program primarily funds community mental health centers, while the Governor's Grant program awards funds to a variety of agencies, including Boys and Girls Clubs, housing authorities, community coalitions, and schools. The DARE program primarily funds community police forces.

Defining Programs

The CRA questionnaire is intended to collect data at the program level (S.W. Hayashi, personal communication, April 27, 2000). However, our experience indicates that the term *program* is used in many different ways. For example, the term program sometimes refers to a particular grant, while other times the term denotes a certain curriculum or package of services (e.g. Botvin's LifeSkills Training). We were thus faced with the task of creating a standard definition of the word program that would ensure a standard unit of analysis.

There were two other criteria for our definition. First, the program definition should be easy to understand. A complicated definition would increase the reporting burden on providers and discourage accuracy. Second, the program definition should be compatible with provider data. An incompatible definition would make it difficult for providers to report data by program, which could result in inaccurate or incomplete data.

We examined a variety of reporting definitions and selected the definition that best met these criteria for each funding stream. The DARE funding stream was the most straightforward. DARE is a standard curriculum and is referred to by prevention practitioners as a program. Thus, a program is defined as a DARE grant for the DARE funding stream.

Creating a definition for the Block Grant funding stream was more complex. The Block Grant is the largest source of SASD funding. Providers submit one application for all the prevention services they propose to provide. The services are categorized into *objectives*. An objective is a set of services that corresponds to one of the six prevention strategies on the SAPT Block Grant application (Center for Substance Abuse Treatment, Division of State and Community Assistance, n.d.). Upon reviewing the applications submitted, we found that nearly all the objectives consisted of one

curriculum delivered to a specific target population. This categorization of services corresponds intuitively to what many would consider a program and is simple for providers to implement because it is already in use. It was logical therefore to define each objective as one program.

Governor's Grant recipients do not divide their services into objectives and can use their grants to fund multiple activities and services. The SASD decided that completing one questionnaire from each recipient for all activities funded by the Governor's Grant was sufficient. Thus, each Governor's Grant award to each agency was considered one program. Since this definition differs from the definitions for Block Grant and DARE programs, we analyze and report on the three funding streams separately.

Sampling Frame

The sample frame was a list of providers and corresponding programs. We constructed the list of providers using records from State databases. A programmer at DATACORP linked billing and contact databases to create a list of names and contact information for all providers that received funds from the SASD during the fiscal year 2000. After compiling this information, a State official faxed a memo to all agencies asking them to update their contact information. A research assistant updated the sample frame with the new contact information provided by the agencies.

Sample Size

The overarching objective of this study was to review the SASD's prevention system and make recommendations for possible improvement. This study is the first thorough assessment of the services provided through the SASD's three funding sources, the Block Grant, Governor's Grant, and DARE programs. Prior to this study, data on the use of SASD funds were limited to grant applications submitted by providers, hours billed for services and brief evaluation reports submitted by providers. For this study, the SASD conducted a census of all programs to supplement these data. The rationale for conducting a census was to furnish the SASD with complete information on its prevention system. This information will help the SASD better understand how its funds are used.

Table 1 below shows the calculations of the final size of the census. The calculations are broken down by funding stream. The second and third rows of the table show the number of providers and programs for Governor's Grant and DARE funds. In these rows, the number of programs equals the number of providers. This equality results from our decision to consider the Governor's Grant and the DARE grants as one program each. The first row displays data for Block Grant funds. In this row, the number of programs is greater than the number of providers. As explained in the previous section, each objective funded by the SASD corresponds to one program. The SASD funded 137 objectives among the 33 providers.

The final row of the table contains the total number of providers and programs. The total number of providers is less than the column total because eight providers received both Governor's Grant and Block Grant funds. The unduplicated number of providers

selected for participation in this study is 188. The total number of programs is simply the sum of the previous three rows. Since the SASD intended to survey all programs, this number is also the size of the sample. Thus, the size of the sample is 300 programs.

Table 1. Sample Size by Funding Stream

Funding Stream	Number of Providers	Number of Programs
Block Grant	33	137
Governor's Grant	119	119
DARE	44	44
Total	188	300

Strata

A stratum is a subset of the population of interest in a particular study (Levy & Lemeshow, 1980). Samples are typically divided into strata, and data are examined separately for each stratum. In our study, we are interested in examining the data by region and funding stream. This stratification scheme will help the State understand how the provision of prevention services varies geographically for each funding stream. In addition, local planners will be able to use data specific to their area.

Methods Used To Handle Non-Response In Terms Of Sample Size Goals

An important study goal was to survey all providers and programs receiving funds from the SASD. This goal could not be met if providers chose not to complete the questionnaire. Thus, our approach to non-response was prevention. A high-ranking official at the SASD informed providers that participation was mandatory. A research coordinator worked with providers to help them fulfill this reporting requirement. The coordinator answered questions from respondents and contacted non-responders by telephone to elicit participation. Additional measures to ensure participation are discussed later in this report.

Methods To Handle Incomplete Surveys In Terms Of Sample Size Goals

Incomplete surveys did not present a serious obstacle to meeting sample size goals. The survey software does not allow respondents to submit their survey until they have completed all pages of the questionnaire, although it does permit respondents to leave a few individual questions blank. Thus, all surveys received via the Web were largely complete. Some respondents could not access the survey over the Web and completed paper copies instead. The research coordinator reviewed the paper copies as they were received and contacted respondents who submitted incomplete surveys. In all but two instances, we were able to obtain completed copies of the paper surveys.

Representativeness And Generalizability Of Sample

Our census is highly representative of programs SASD funded. The sample was not designed to represent programs funded by other agencies. However, many of the programs in our sample may receive additional funding from other agencies. Hence, the sample is likely to capture some information on programs outside of the SASD prevention system, but may not be fully representative of these services.

We can also consider representativeness with respect to the time frame. This study provides a snapshot of the use of funds for the fiscal year 2000. Our understanding is that the prevention system is fairly stable in Alabama, making this study applicable to more recent years. Nevertheless, the State may wish to consider updating these results in the next several years.

DATA COLLECTION

Sites

This survey was designed for completion using a personal computer and the Internet. Sites were not a major consideration for this study, although the majority of respondents most likely completed the questionnaire at work. A few respondents indicated that they did not have Internet access at work, but would complete the form at home using their personal computers. There may have been other respondents who also completed the form at home, but did not tell us that they did so. The survey software gives some indication of where respondents were likely to have completed the form by recording the time at which each survey began and ended. Overall, only six providers completed surveys outside the hours 8 am to 6 pm. Thus, it seems likely that the majority of participants completed the questionnaire at work.

Assurance Of Privacy

The Web-based questionnaire begins with a privacy assurance. The assurance explains that the survey software will ensure that only the respondent can read his or her answers. It also states that the SASD will report information at the county level rather than for individual providers. Since some of the counties are small, it is possible that county-level reporting could reveal information on individual agencies. The assurance notes that in these cases, the SASD will only report information on services provided and the goals of the program. The full text of the assurance appears in Appendix D.

Recruitment Procedures

Pre-recruitment began in May of 2000 with the release of an announcement. The Chief of Prevention and the Chief of Research, Evaluation, and Information mailed the announcement to all prevention providers funded through the Block Grant, Governor's Grant, and DARE. The announcement informed agencies that a survey would take place during the next year and requested updates to each agency's contact information. A copy of the announcement appears in Appendix E.[1]

Recruitment officially began in October of 2001. To launch the survey, we mailed an official launch announcement from the Associate Commissioner for Substance Abuse to each eligible provider. We addressed each announcement to the program director's attention. There were two versions of the announcement; a copy of each version appears in Appendix F. We mailed the first version to recipients of Block Grant funds,

[1] The announcement also requests information on all prevention programs operated by the agency. We used this information when considering how to create a definition for the term program.

while the remaining providers received the second version. Both versions describe the study, give a due date (December 2001), and refer respondents to an enclosed sheet of instructions. The first version of the announcement also includes instructions to complete one questionnaire per objective. These instructions are not included in the second version because they do not apply to non-Block Grant programs.

The instruction sheet referred to in the announcement appears in Appendix F. The first step in the instructions is to telephone the research coordinator to obtain a user name and password. The second step advises respondents to gather the data needed to complete the questionnaire. A worksheet, also included in Appendix F, helps respondents organize and record the required information. Subsequent steps explain how to find the Web site and start the survey. Finally, the instructions provide contact information for the research coordinator and an official at the SASD who could answer questions and address concerns regarding the survey.

Administration

The survey questionnaire was self-administered. Respondents telephoned us to receive a password, which they used to log onto the survey. After logging on, respondents read the information on the opening screen. The information included the privacy assurance, important contact numbers, and a statement of the reporting burden. Instructions on the screen directed respondents to select a button labeled “Next” to continue with the survey after reading the information.

After clicking the “Next” button, the second screen of the survey appeared. An introduction to the questionnaire was visible at the top of the screen. This introduction was identical to the introduction in CSAP’s standardized version of the questionnaire. The remainder of the screen was devoted to tips on completing the report. The first tip recommended that respondents have the information requested on the worksheet, while the second tip explained that the survey software would not allow respondents to leave items blank. Respondents were also advised to give their best estimates if they did not know the answer to a particular question and to note this fact in the comment section. The third and final tip explained how to navigate the questionnaire.

A subsequent series of screens contained the study instrument. Each screen contained the sub-questions for one item on the CRA. To avoid overcrowded screens, items with many sub-questions were further divided into several screens. The footer of each screen displayed two telephone numbers that respondents could call with questions. Respondents could telephone either an SASD official (the Chief of Research, Evaluation, and Information) or the research coordinator. The footer also contained a message crediting CSAP for funding the survey. Respondents navigated from screen to screen by clicking a button on each screen marked “Next”.

The final screen was reserved for comments. An open-ended question allowed participants to provide additional information on their responses to the questionnaire. A second open-ended question invited respondents to comment on any other aspects of the questionnaire. Below this question was a button labeled “submit”, along with

instructions indicating that clicking this button would submit the responses to the survey. After clicking the submit button, a screen appeared informing respondents that they had completed the survey and thanking them for their participation.

Administrator Training

A trained research coordinator oversaw the administration process. The coordinator provided passwords and monitored survey completion. She contacted agencies that completed their forms on time and negotiated a completion schedule. In addition, she delivered technical assistance, such as helping participants navigate the forms and answering substantive questions about the survey.

The research coordinator was a professional research assistant with experience collecting data from substance abuse providers. The coordinator was very knowledgeable about the study and was involved with the project from the early stages onward. As team leader for the pilot study, the coordinator gained a solid understanding of how to complete the Web-based questionnaire. A series of training sessions deepened this knowledge and addressed key aspects of survey administration. Topics in the training sessions included monitoring completion, eliciting participation, and providing technical assistance.

Quality Control

Gathering complete data was a major component of our quality control plan. Hence, the survey software did not allow respondents to leave most questions blank. When respondents attempted to progress to the next screen, the software verified that all questions received a response. If the software found a missing value, it prompted the respondent and placed the cursor in the first blank question. There were two exceptions to this rule. The first exception concerned items with supplementary information, such as comments on the survey. The software did not prompt respondents since the items were optional. The second exception occurred when respondents selected “Other” as a response choice. A box next to the item asked respondents to supply additional information regarding their choice. Due to a limitation in the survey software, we could not make this additional information required.

Collecting accurate data was another major component of our quality control plan. This task was simplified by the multiple-choice format of most questions. Multiple-choice questions reduced the chance of a data entry error and eliminated out-of-range responses. Three items on the survey that were not multiple choice required answers in percentages. For two of the questions, a message appeared prompting the respondent to adjust the numbers when the percentages provided did not sum to 100. We did not activate this feature for the third item, however, because the topic was race. It is possible for the racial distribution of participants to sum to more than 100% because participants can be members of more than one race.

The remaining items on the survey were open-ended questions. Most asked for numbers, such as the number of participants. A few questions were open-ended text questions, such as the address of the program. For these open-ended questions, the

software verified the presence of a response and prompted the respondent to enter an answer in its absence. The data were then coded during the data cleaning process, described in a later section.

Payments To Respondents

This study followed rules specified by the OMB. In accordance with these rules, the State did not pay respondents. Non-cash incentives were not provided. The State's perspective is that providing incentives for providers to comply with a mandatory reporting requirement would be inappropriate.

Methods Utilized To Maximize Response Rates

We employed several techniques to maximize response rates. First, the Prevention Chief and the Chief of Research, Evaluation, and Information sent an advance announcement. Second, an official launch announcement was sent to respondents. The announcement was initialed by the Associate Commissioner for Substance Abuse and gave a deadline for completion. Third, the research coordinator attempted to contact every provider that did not complete the survey. The coordinator kept the tone of the calls positive and encouraging, and she worked with respondents to resolve any problems that prevented them from completing the survey on time. Finally, the Associate Commissioner sent a memorandum to Block Grant providers who had not responded even well after the deadline. A copy of the memorandum appears in Appendix G. The Associate Commissioner did not send the memorandum to Governor's High-Risk Youth Grantees because these providers were no longer funded by the SASD when the survey went into the field. However, the coordinator continued to work with these providers.

Procedures For Callback And Refusal Conversion

Refusals to participate in this study were mostly passive, with respondents failing to complete the survey by the deadline. We attempted to convert these refusals using the methods described in the section above. Only two respondents actively refused to participate in the survey. These respondents insisted that they did not receive funding from the SASD during 2000 and were therefore ineligible. According to the SASD's records, however, both respondents received Governor's Grants. In the interest of public relations, the SASD decided not to pursue these respondents. However, we consider these responses to be refusals rather than ineligible because we believe that the SASD's records are correct.

Sensitive Questions And Their Influence On Survey Response Rates

The instrument did not ask questions on illegal, private, or socially undesirable behavior. However, it did ask for information that providers may have been reluctant to reveal. The questionnaire contained several items on services provided and requested information that could be used to make inferences about the quality of the agency's services. Respondents may have been reluctant to reveal this information for fear of losing funding or facing criticism from the State. They may also have been wary of exposing this information to their competition.

We addressed the latter concern in our assurance of privacy. The assurance explains that the survey is stored on a secure server to prevent unauthorized access. It also explains that the SASD will not report results that would reveal individual providers, with the exception of services provided and objectives addressed. To address the former concern, as well as any other concerns providers might have, the announcement letter informed respondents that they could contact either a State official or the research coordinator with any questions or concerns. We received no telephone calls regarding this issue, although it is possible that concerns over funding and criticism made providers reluctant to participate.

MODE

Database Structure

We stored and analyzed the data for this project in SPSS. This statistical software program stores data in a format similar to that of a spreadsheet. Each row of the spreadsheet contains the data for one respondent, while each column contains the data for one variable. Variable and value labels are included in the dataset, and a guide to using the dataset is available.

Sample Design Execution

Response rates

Although the initial deadline for completing the questionnaire was December of 2001, we continued to contact respondents and collect data until August of 2002. The purpose of this extended data collection period was to maximize response rates. Table 2 below displays the response rates for each funding stream.

Table 2. Response Rates by Funding Stream

Funding Stream	Response Rate
Block Grant	91
Governor's Grant	48
DARE	45
All Funding Streams	53

The table demonstrates that our efforts with Block Grant providers were highly successful. The response rate for this group was 91%, with only three providers failing to complete the survey. The response rates for Governor's Grant and DARE providers were lower. We obtained a 48% response rate among Governor's Grant providers and a 45% response rate among DARE providers. As mentioned previously, the SASD ceased to administer DARE and the Governor's Grant during the fiscal year 2001. The response rates obtained for these providers are not surprising. Several States reported at CSAP conferences that they obtained low response rates from agencies not funded by the Single State Authority (SSA) on substance abuse.

The response rates among non-Block Grant providers are not of great concern to the SASD, since it no longer works directly with these providers. Nevertheless, we examined the data for evidence of non-response bias; a later section of this report describes our analyses in detail. To briefly summarize, we performed comparisons with respect to the size of the grant, geographic location, race, urbanicity, and median income. Overall, responding providers appear similar to non-responding providers, indicating that non-response bias may not be a serious problem with these data. The only statistically significant result was that respondents in the Governor's Grant stratum had larger grants than non-respondents.

Sample frame limitations

During the reporting phase of this study, an analyst discovered that one of the sample frames was incomplete. Five Block Grant providers were missing from the sample frame, as well as one Governor's Grant provider.[2] These providers did not participate in the study since they were not listed in the sample frame and the data collection stage had finished many months prior. However, they represent only a small fraction of the total number of providers. The five Block Grant providers account for only 13% of the Block Grant recipients. Thus, the State data are still highly representative of Block Grant providers. At the regional level, the data should be interpreted with greater caution, since these missing providers may account for a moderate fraction of the services in their respective catchment areas. The missing Governor's Grant provider accounts for less than 1% of all providers in this funding stream, and thus its absence likely has a negligible effect on the data.

Consistency Of Data Availability, Quality, And Format Across Substate Areas And Over Time

Availability

We know of no systematic variations in the availability of the data across time or substate areas. However, there was some variation in data availability at the item level. Several participants indicated that they estimated some of their responses, particularly for questions on age, gender, and ethnicity. This variation did not appear to be systematic, however.

Quality

Some random variation in data quality across respondents is to be expected. Certain providers may keep better records than others, and the care and attention devoted to completing the form can also vary. This variation is most likely random. We know of no systematic differences in quality over either time or across State areas.

[2] The Block Grant providers were Lighthouse Counseling, West Alabama Mental Health Center, Cheaha Regional Mental Health and Mental Retardation Board, Huntsville/Madison County Mental Health Center, and Chilton-Shelby Mental Health Center. The Governor's Grant provider was the Fathers of Saint Edmund Southern Mission.

Format

The questionnaire and database remained constant throughout this study. The format of the data is therefore perfectly consistent. The variable names, labels, and values do not vary.

Limitations In The Source Data

General limitations

All data sets have limitations, and this study's data is no exception. An important limitation pertains to reporting for each objective. The SASD instructed Block Grant providers to complete one questionnaire for each funded objective. Six Block Grant providers filled out one form for all objectives, and we obtained corrected forms from only one of them. Rather than discard the data, we used special analytic techniques to compensate for the combined reports. The data analysis section describes the relevant analyses and techniques.

Two other general concerns are more minor but worthy of mention. First, a number of providers commented that they estimated the data for some questions. The most frequently estimated variables appear to be age, gender, and ethnicity. Second, two respondents noted that they were new staff members and did not have data for the fiscal year 2000. These respondents, following the instructions of the research coordinator, provided data for the fiscal year 2001. We reasoned that 2001 data would be the best proxy for 2000 data, since prevention services in Alabama tend to change little from one year to the next.

Limitations with individual items

During the course of cleaning the data, we found three items with possible flaws. The first item is on the program budget. We found that respondents often listed the amount of the grant rather than the entire budget. With the exception of an analysis on mode effects, we did not use this item. The second item concerns the average number of hours per week, worked by paid and volunteer staff. Participants in the pilot project found the wording confusing, and our commitment to using a standardized questionnaire precluded changing the question's wording. The results from a frequency analysis suggested that some respondents might have misinterpreted the question. Since this item was not essential to our analyses, we did not use it. The third item corresponds to the question on other barriers, in which respondents report whether other barriers were not a barrier, minor, moderate, or significant. The data cleaning process revealed a possible flaw in the Web survey software that caused the response "not a barrier" to be coded as "minor barrier". In light of this suspected flaw, we did not analyze the data from this item.

PARTICIPANT PRIVACY

Although the data from this study are not of a sensitive nature, we protected the privacy of respondents. As explained in the assurance of privacy, the survey software allowed only the respondent to see his or her data while completing the survey. Once the respondent submitted the survey, the software immediately transferred the information to our secure, internal server. This server is protected through a variety of mechanisms including passwords and firewalls.

Security policies enforce the privacy of responses. Access to the server is controlled by user names and passwords. All staff members sign confidentiality agreements that prohibit them from discussing study participants outside the office. The agreements also prohibit the use of data for non-study activities.

This report provides information at the regional and catchment area level. In some cases, reporting at the catchment level will reveal individual providers, particularly for smaller areas. In this situation, we reveal information only on services provided (Items 2 and 3) and substance abuse related goals (Item 10). This information is public, is not of a sensitive nature, and will allow planners to compare local needs with local service provision. Study participants were informed of this reporting policy when they completed the questionnaire.

FINAL UNIT OF AGGREGATION

A major purpose of this study is to assess opportunities for improvement in the SASD's prevention system. This report will therefore focus on presenting data at the State level. An important facet of the State prevention system is how well the system meets local needs. To address this question, we will also present data at the regional level. These regional-level data will help both State and local planners target services to meet local needs. A map displaying Alabama's four health planning regions appears in Appendix H.

DATA ANALYSIS METHODS

QUALITY CONTROL

Data Security

To prevent unauthorized access to the survey, each provider received a unique and randomly generated user name and password. As previously mentioned, providers received an instruction sheet advising them to call the coordinator to receive the user name and password. To ensure security, the research coordinator gave usernames and passwords only through direct telephone contact.

The Web survey software has several safeguards to ensure that only the respondent can view the data while completing the survey. The unique user name and password prevents unauthorized users from initiating the survey program. Furthermore, the software prevents others from viewing the data as the respondent enters his or her responses. In addition, the software stores the final data off-line. When each respondent submits his or her form, the survey software immediately forwards the data to us via email.

Completed questionnaires were stored in a secure fashion. Paper copies of the questionnaire were stored in a locked filing cabinet. We stored electronic copies of the questionnaire on a local area network secured by firewall and a proxy server. The data were housed on a secure file server without Web-server capabilities, minimizing the chances of possible break-in. We protected access to the file server through a combination of physical and electronic barriers, including special passwords for each staff member.

Data Integrity

A data manager maintained the data set. Responsibilities of the data manager included monitoring data entry of questionnaires completed on paper, modifying the data set, and managing the related programming. The data manager maintained a data manual that documented all additions and modifications to the data set. To ensure that other staff did not inadvertently alter the data set, the data manager was the only party with saving and editing rights to the data set. All other analysts and project staff had “read-only” access. The project manager supervised the data manager to ensure proper handling of the data.

The data manager saved both the current version of the database and older versions. Archived versions of databases can serve as backups and are useful when project staff decide to reverse certain modifications to the data set. To prevent the loss of data, we backed up the dataset server each night to secure media. The network administrator stored the back up media in a locked safe. A media rotation scheme ensured that several nights’ back ups were available, and at least one backup media was always stored off-site.

Procedures Used For Data Preparation
Data entry

Respondents entered their data online. The instructions for completing the survey advised providers to compile the data needed to complete the questionnaire prior to going online. Some respondents did not have Internet access and submitted paper copies of the forms. Trained DATACORP staff entered these paper copies into an electronic database.

Data verification

Verification was a vital part of the project. The data manager checked completed questionnaires to ensure that all programs receiving funds were accounted for. For questionnaires completed on paper, the data manager worked with trained staff on triple checking the entered data. Any inconsistencies were listed and checked against the paper copy.

Data formatting, coding, and cleaning

Under the supervision of the project manager, the data manager formatted, coded, and cleaned the data. In collaboration with project staff, the data manager reviewed each response and recoded the value if it did not correspond to specification. For example, staff members reviewed the explanations provided by respondents who selected "other" as a response category. If the explanation matched one of the other response categories, the data manager coded the relevant response category as "yes."[3] Additional noteworthy coding and cleaning procedures include the following:

- Recoding text variables to have consistent wording and spelling
- Assigning a numeric value to responses given in ranges (e.g. 5-10 participants)
- Recoding out-of-range responses

FINAL SAMPLE CHARACTERISTICS

Representation
As previously discussed, response rates differed between funding sources. Consequently, the composition in the sample is different from the composition of providers in the State. Providers funded by the Governor's Grant are under-represented in our sample, while agencies funded by Block Grant providers are over-represented. Prevention service providers funded by DARE appear to be represented appropriately. The sample composition could cause misleading results in analyses that use data from

[3] Two staff members reviewed the explanations and made separate recommendations. When there was disagreement between reviewers, the project director made the final decision. The project manager reviewed the final decisions.

all funding streams. However, we planned to conduct separate analyses for each funding stream, thereby avoiding this problem.

Testing For Systematic Differences Between Responders And Non-Responders

The response rates for Governor's Grant and DARE providers raise the issue of non-response bias. We examined the data to determine whether non-respondents differed systematically from respondents. Geographic differences were a primary concern. We created maps of response rates among counties, which appear in Appendix I. The first map shows the response rates among Governor's Grant providers, while the second map shows the response rates among DARE providers. There appears to be no discernable geographic pattern to the response rates.

Another concern was demographic differences in the populations served by responding and non-responding providers. Although we do not have demographic data on the populations served by non-responding programs, we do have data on the counties in which non-responding programs are located. We compared county-level response rates with measures of urbanicity, race, and median income. We conducted a variety of non-parametric tests (e.g. Kendall tau-b, Mann Whitney U tests, etc.) and did not find any significant differences between respondents and non-respondents on our demographic variables for either Governor's Grants or DARE programs.

We also examined the data for differences in funding. We hypothesized that providers who received more funding from the SASD might be more likely to comply with the reporting requirement. We performed two tests of this hypothesis. The first test compared funding levels for recipients of the DARE grant. We conducted a Mann Whitney U test on respondents and non-respondents in the DARE group. The results were not significant, indicating that funding levels did not differ among respondents and non-respondents. The second test compared funding levels for Governor's Grant recipients. In this case, the Mann Whitney U test statistic indicated that respondents received significantly more funding. This result indicates that the Governor's Grant data tend to represent better-funded programs, signifying that the results for Governor's Grant programs may be more applicable to programs with more funding and also that a greater proportion of the funding is accounted for by these providers.

Testing For Outliers

Outlying observations were not a prime concern in this study because most of the survey questions are multiple choice or have a restricted range of responses. These types of questions eliminate the possibility of obtaining an outlying observation (i.e. an observation with an extreme value.) The only variable analyzed in this report with possible outlying observations corresponds to Item 4, the number of participants.

We examined the statistical distribution of Item 4 and found only one outlying observation. This program reported having 214,855 participants, contrasted with the next largest program, which reported serving 26,000 participants. This value appears to represent a genuine response rather than an error. The respondents note that their program features a community coalition, and the number of participants given includes

both active participants and those who were exposed to their services. Since the outlier appears to represent a "true" value, we included the observation in the analyses. The outlying observation will not exercise an undue influence on the results because the analyses consist only of describing the distribution of the variable.

ANALYTIC PROCEDURES

Overview

The primary aim of this study was to thoroughly assess the SASD's current prevention system and make recommendations for enhancement. We formulated six research questions related to this aim and used the best available methodology to answer them. A list of the research questions appears below. In the sections that follow the list, we explain the analytic methods for answering each question.

- *What types of prevention services are available?*
- *What goals do programs target?*
- *How many people do the programs serve?*
- *What populations do the programs serve?*
- *Has the State met its strategic goals for prevention service delivery?*
- *How can the State improve the delivery of prevention services at the regional and state level?*

Methods Used To Answer Research Questions

Question 1: What types of prevention services are available?

Overview

In order to obtain a thorough understanding of the programs and services provided, we conducted several analytic procedures. We ran descriptive statistics on three dependent variables, namely, name of program, type of service, and primary service. The variables are from Items 1, 2, and 3 of the CRA questionnaire, respectively. The information from each variable highlighted a different aspect of the services and programs in place.

Name of Program

The first analysis in this series examined program names (Item 1). A preliminary frequency analysis revealed several types of program names. We created categories based on these types and assigned a category to each name. After assigning a category to each program, we calculated the percentage of program names falling into each category. A series of tables in the results section shows the results of this analysis by funding stream.

The tables in the results section show the percentage of program names falling into each of seven categories. The first category pertains to program names that only indicate that prevention, mental health prevention, or substance abuse prevention is provided. Examples of program names in this category include “Prevention Services”, “Prevention”, “Mental Health Prevention”, and “Substance Abuse Division-Prevention.” Some program names were slightly more specific in that they indicated the type of prevention provided, such as “Wilderness Prevention.” These program names comprised the second category of programs. Other programs were named after the organization that operated them, creating a third category. An example of a program name in this category is “Cecil Wright Tutoring Center”.

Programs named after a specific project or curriculum comprise the fourth category. Examples of program names in this category include “Project Tara” and “Smart Moves”. The fifth category of programs pertains to programs named after the Governor’s High-Risk Youth grant. Examples program names in this category are “Governor’s High-risk Youth Grant” and “High-risk Youth Grant”. Programs named after the service they provide comprise the sixth category. Examples of program names in this category include “Anger Management Group” and “Child Management Classes”. The final category is reserved a program that listed the name of the survey as their program name. The program name given was “Community Service Provider’s Report”, which is the name of the CRA questionnaire in Alabama.

Type of Service

The previous analysis shows programs that are popular, but does not give insight into what services are provided. For this reason, we performed a second analysis. We ran frequencies on the services reported by program (Item 2). The frequencies are presented as graphs, and there is a graph for each funding stream. This analysis showed what services were popular within the State.

While the frequency tables shed light on which services are popular in the State, they do not show where in the State the services are located. To answer this question, we prepared cross tabulations of service type by region. The CRA instrument divides the questions on services into four service categories: youth (individual/peer), family, school, and community. Cross tabulations show the percent of programs in each region who reported delivering services in each of the four categories.

Primary Service

Since most programs offer multiple services, we also ran analyses to show the primary service each program offered. (The primary service is referred to on the questionnaire as the “*service that best describes your program”.*) We created a bar graph for each funding stream showing the frequency of each primary service**.** Regional results for this analysis appear in Appendix L. To facilitate inter-regional comparisons, we present the regional results in the form of frequency tables rather than graphs.

Question 2: What goals do programs target?

Item 10 on the questionnaire asks respondents which goals their program addresses. Respondents indicate whether each goal is a "main focus", "not a main focus but addressed", or "not addressed". For each goal, we calculated the percentage of programs reporting that the goal was a major focus. We performed separate calculations for each funding stream. A table presenting Statewide results appears in the results section of this report, while tables with regional results are presented in Appendix M.

Question 3: How many people do the programs serve?

The number of participants, reported in Item 4, varies by program. We created a table with several statistics that describe this variation. The table, which appears in the results section, shows the minimum, maximum, and median observation for each funding stream. The observations marking the 25th and 50th percentile are also displayed.[4] A table in the results section presents these statistics for the State as a whole, and tables with regional results appear in Appendix N.

Question 4: What populations do the programs serve?

Special Populations

Item 8 of the CRA questionnaire contains a checklist of 38 populations that programs can serve. Respondents select each population on the list that they consider a primary population. The last item on the checklist allows respondents to specify other populations not mentioned in the previous items. We conducted a frequency analysis to assess, which populations were the most and least served. The resulting Statewide frequency table is shown in the results section. The regional frequency tables appear in Appendix O.

Gender

Respondents report the percent of male and female participants in their program on Item 7. The results section of this report presents three bar charts that illustrate the composition of programs in each funding stream. There are five bars in each chart. There is a bar designated "males only" for programs whose clientele is over 99% male. The height of the bar corresponds to the percentage of all programs with males only. A corresponding bar labeled "females only" shows the percentage of programs whose clientele is over 99% female. A bar labeled "mostly male" is reserved for programs that are between 75% to 99% males. There is a corresponding bar for programs that serve mostly females (between 75% and 99% female). The last bar, labeled "mixed," applies to all other programs. We also created bar charts with the same format for the data in each region. These charts are found in Appendix P.

[4] Block Grant providers who submitted one questionnaire for multiple objectives are excluded from these calculations, since their data are not broken down by program.

Ages

The CRA collects age data by category in Item 5. The age question is divided into nine categories, and respondents indicate the percent of program participants who fall into each category. The categories are ages 0 to 4, 5 to 11, 12 to 14, 15 to 17, 18 to 20, 21 to 24, 25 to 44, 45 to 64, and 65 and over. For each age category, we calculated the percentage of programs with participants in each age category. The Statewide percentages are shown in a table in the results section. The corresponding percentages for each region appear in Appendix Q.

The composition of programs was also of interest. A table with information on the age composition of programs throughout the State is shown in the results section. Each row of the table provides data for one age group. The columns of the table divide the data into funding streams. There are two columns of information for each funding stream. The first column is labeled 'mostly this age group'. This column shows the percentage of programs who reported that 75% to 99% of the participants belonged to the relevant age group. The second column is labeled '100% this age group'. This column shows the percentage of programs who reported that over 99% of the participants belonged to the relevant age group. The tables in the main body of the report present data for the State as a whole, while Appendix Q presents regional tables.

Ethnicity

The ethnicity question (Item 6) is similar in structure to the age question. The question asks about six ethnic groups: white, Black or African-American, American Indian or Alaska Native, Asian, Hispanic/Latino, Native Hawaiian or other Pacific Islander. Respondents indicate the percentage of participants belonging to each ethnic group. We constructed tables similar to the tables that present the age data. The first table shows the percent of programs in each funding stream serving members of each ethnic group. The second table has two columns of information for each funding stream. The first column is labeled 'mostly this ethnicity', while the second column is labeled '100% this ethnicity'. The columns show the percentage of programs reporting that 75% to 99% of their participants were the relevant ethnicity and the percentage of programs reporting that over 99% of their participants were the relevant ethnicity. Statewide results appear in the main body of this report, and regional results appear in Appendix R.

Question 5: Has the State met its strategic goals for prevention service delivery?

Overview

In the Alabama SAPT Block Grant application, the State set four goals for the use of funds in the fiscal year 2000. The first goal was to fund a minimum of ten family strengthening programs in each of Alabama's four health-planning regions. The second goal was to sponsor a minimum of twenty high-risk adolescent education programs. High-risk adolescents are also a focus of the third goal, which was to fund a minimum of ten alternative programs for high-risk adolescents in every region. Finally, the fourth goal was to deliver the full continuum of prevention services in each region.

The purpose of this analysis was to determine whether the services delivered by local providers met these goals. For each goal, we created a table displaying the number of programs by service type and region. These tables illustrate whether the goal was met and allow the reader to discern which services contribute the most to meeting the goal. Only programs funded by the Block Grant are included in the tables because the goals pertain only to Block Grant funding. Additional details on the construction of each table appear in the paragraphs below.

Goal 1: Minimum of Ten Family Strengthening Programs within Each Region

Item 2 of the CRA asks respondents whether they provide a number of different services. Respondents report as many services as applicable. There are five services that fall into the category of family services: prenatal/infancy programs, early childhood education, parenting/family management, pre-marital counseling, family support. There is also an item where respondents can report other family services that do not correspond to each of the five main categories. We created a table that shows the number of family programs of each type. At the end of the table there is a row marked "Total" that shows the number of family programs across all types. The table appears in the results section of this report and displays the data by region.

Goal 2: Minimum of 20 High-risk Adolescent Education Programs within Each Region

Educational programs for youth encompass several items on the CRA including mentoring, career and job skills training, peer leadership, tutoring programs, youth support groups (e.g. Alateen), and life skills/social skills training. The CRA does not ask respondents to designate whether the program targets high-risk youth. However, it does collect data on populations served, and there are several populations consisting of high-risk youth. The populations are as follows:

- Children of Substance Abusers
- Delinquent/Violent Youth
- Foster Children
- Homeless/Runaway Youth
- School Dropouts
- Pregnant Teenagers
- Students at Risk of Dropping Out of School

To display these complex data, we created two tables. The first table displays the number of life skills/social skills programs that serve each high-risk group, while the second table shows the number of youth support groups serving each group. Both tables present the data by region and are found in the results section of this report.

Goal 3: Minimum of Ten High-risk Alternative Programs within Each Region

Alternative programs engage participants in enjoyable activities in an effort to steer youth away from substance use. The CRA collects data on several types of alternative programs. The relevant programs are as follows:

- After-School Recreation
- Drug-Free Activities
- Youth Adventure Based
- Intergenerational Programs
- Youth Community Service
- Teen Drop-In Centers
- Other Alternative Activities

Using the definition of high-risk youth developed in the previous analysis, we calculated the number of alternative programs that serve high-risk youth. We display this information by program type and region in the results section of this report.

Goal 4: Full Continuum of Prevention Services Provided within Each Region

The SAPT Block Grant Application form defines six strategies that encompass the majority of prevention services (Center for Substance Abuse Treatment, Division of State and Community Assistance, n.d.). We defined a full continuum of prevention services as one that included at least one program for each strategy. To assess whether this condition was met, we classified each type of service reported on the CRA into one of CSAP's six prevention strategies. A list of the services we assigned to each CSAP strategy appears in Appendix J. Since programs can provide more than one service, we considered only the primary service specified by the program. There were no services listed on the CRA corresponding to CSAP's problem identification and referral strategy. In light of this, we reviewed the service descriptions given by respondents who selected the "other" category to determine whether the service might be appropriately categorized as problem identification and referral.

After assigning strategies, we ran cross tabulations on the strategies by region. The results of the analysis are displayed in a table in the results section. A table shows the number of programs corresponding to each strategy in each region, and there is a discussion of programs that might correspond to the problem identification and referral strategy.

Question 6: How can the State improve the delivery of prevention services at the regional and state level?

Overview

The CRA data can shed light on three topics related to the delivery system: best practices, barriers, and collaboration. Our analysis of best practices will examine the diffusion of several practices, allowing the State to focus on fostering best practices that are not widely used. The State can play an important role in helping providers overcome barriers to implementing best practices and providing quality services. The barrier analysis will ascertain which barriers are most problematic so that the State can then work with its providers to reduce these barriers. Finally, collaboration among providers can hasten the process of implementing best practices and overcoming barriers. The collaboration analysis will shed light on ways to increase collaboration in the State.

Best Practices

The CRA questionnaire has several questions related to best practices. We reviewed the instrument and established a set of criteria that determine whether each practice is in place. The practices, items, and criteria are presented in a table in Appendix K. After establishing our criteria, we calculated the percent of programs following each practice and displayed the results in a series of tables in Section 9. The tables present Statewide and regional results by funding stream. Regional results appear both in the main text and in Appendix S.

Barriers

The CRA contains 17 items on various barriers. [5]The results section presents Statewide graphs for each barrier question. Separate frequency graphs appear for each funding stream. Graphs for each region appear in Appendix T.

In addition to analyzing specific barriers, we investigated whether some regions experience more barriers in general. We created a variable equal to the average number of barriers reported in the region.[6] A table in the results section shows the average number of barriers by funding stream at the State and regional level.

Two caveats regarding the total score are worthy of mention. First, the score should not be treated as a psychometric scale score with known statistical properties. Rather, it is intended as a rough guide to the number of hurdles faced by providers. Second, many of the barriers appear inter-related. For example, limited hours of operation, lack of program slots, and waiting lists may all stem from a lack of funding. Planners should keep this in mind when interpreting the results.

[5] There is also an item on the questionnaire where respondents can report experiencing other barriers not included on the list of barriers. As previously mentioned, we did not analyze this item due to a suspected problem with how the survey software coded the responses.

[6] We created this variable by dichotomizing each barrier question. Responses of "minor", "moderate", and "significant" were coded as 1, while responses of "not a barrier" were coded as 0. We then summed these dichotomized items for each program. The regional average of this number is the average number of barriers for programs in the region.

RESULTS AND FINDINGS

QUESTION 1: WHAT TYPES OF PREVENTION SERVICES ARE AVAILABLE?

Program Name

To describe program names, we created five categories and assigned a category to each name. Table 3 presents the percentage of Block Grant programs falling into each category. The most popular category by far was "prevention services." This category consisted of program names that indicated that prevention was provided without specifying any additional information (e.g. "prevention", "prevention services", "substance abuse prevention"). Approximately 46% of program names fell into this category. The second most popular category was program names that described services provided by the program (e.g. "youth council"). Approximately 23% of programs fell into this category. Programs that appear to be named after a specific curriculum or project are the third most popular category, accounting for 19% of Block Grant programs. Fewer programs fell into the fourth most popular category, the name of the organization. Only 7% of programs gave the name of their facility, agency, or organization as their program name. Finally, the least common category was program names describing the type of prevention offered. This category was reserved for program names that consisted of the word "prevention" and a description of the type of prevention services offered (e.g. "mental health prevention"). Approximately 5% of programs fell into this category.

Table 3. Types of Program Names for Block Grant Programs

Type of Name	Percent of Programs
Prevention Services	46
Description of Services	23
Specific Project or Curriculum	19
Name of Organization	7
Type of Prevention Services	5

After conducting the analyses shown in Table 3, we examined individual program names among programs named after a specific project or curricula. The purpose of the analysis was to investigate whether certain projects or curricula were in place at multiple locations throughout the State. The majority of these programs did not appear to be named after packaged programs such as Botvin's Lifeskills Training. Furthermore, only one program name appeared more than once on the list of names. One agency referred to four of its programs as "The Connection", although each of the four programs provided different services. This result appears to indicate that this particular agency offers several services under the umbrella program "The Connection."

Data on program names for Governor's Grant programs appear in Table 4 on the next page. In contrast to Block Grant programs, the most popular category was specific

project names or curricula. Over one-third of Governor's Grant programs fell into this category. Program names describing the services provided were the second most common category. This category accounted for approximately 36% of programs. The third most popular category was programs with the same name as the funding stream, the Governor's High-Risk Youth Grant. Approximately 11% of Governor's Grant programs fell in this category. Prevention services, the name of the organization, and the type of prevention services were the three least common categories. Each category accounted for less than 8% of program names.

Among programs providing a specific program name, four programs were named SmartMoves, a curriculum in use at Boys and Girls Clubs throughout the United States. In addition, one program gave the name PASS, while another program referred to itself as Pass, the Noble Idea. These two similarly named programs were in place at different agencies and may or may not represent the same curriculum. All other programs had unique names.

Table 4. Types of Program Names for Governor's Grant Programs

Type of Name	Percent of Programs
Specific Project or Curriculum	38
Description of Services	36
Governor's High-risk Youth Grant	11
Prevention Services	7
Name of Organization	5
Type of Prevention Services	4

Table 5 presents data on program names among DARE programs. Approximately 91% of the program names contained the word *DARE.* The remaining 9% consisted of only two DARE programs. One program described the type of prevention services, and another gave the name Community Service Provider's Report. This name is actually the title of the CRA questionnaire in Alabama, suggesting that the respondent either did not understand the survey question or did not have a name for the program.

Table 5. Types of Program Names for DARE programs

Type of Name	Percent of Programs
Name contains DARE	91
Community Service Provider's Report	5
Type of Prevention Services	5

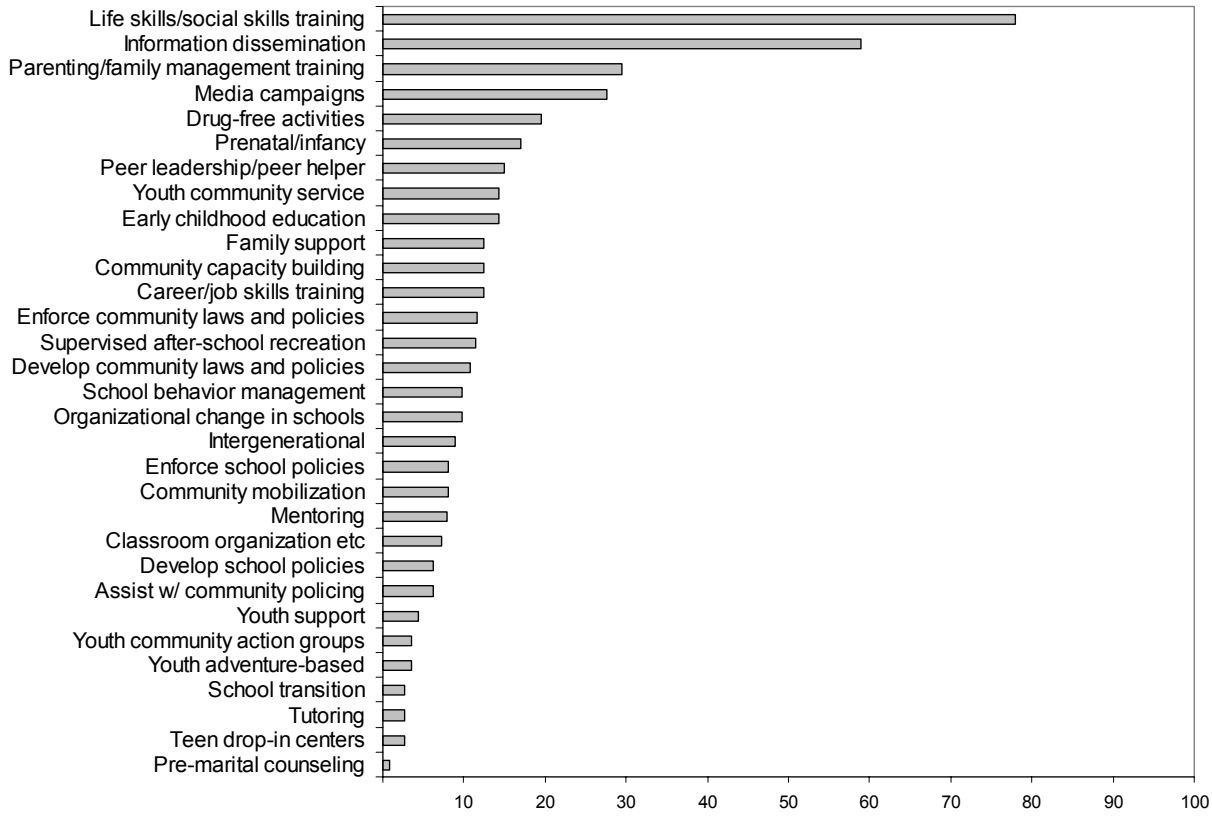

Figure 1. Services Provided by Block Grant Programs

Services Provided

The CRA presents respondents with a list of services and asks them to indicate which services they provide. Figure 1 contains a bar graph showing the percent of Block Grant programs that reported providing each service. A large majority provided life skills/social skills training for youth. As seen in the figure, almost 80% of the Block Grant programs delivered this service. The second most popular category was information dissemination, which was provided by nearly 60% of the Block Grant programs. Parent/family management training and media campaigns were the third most popular services and were provided by nearly 30% of the programs.

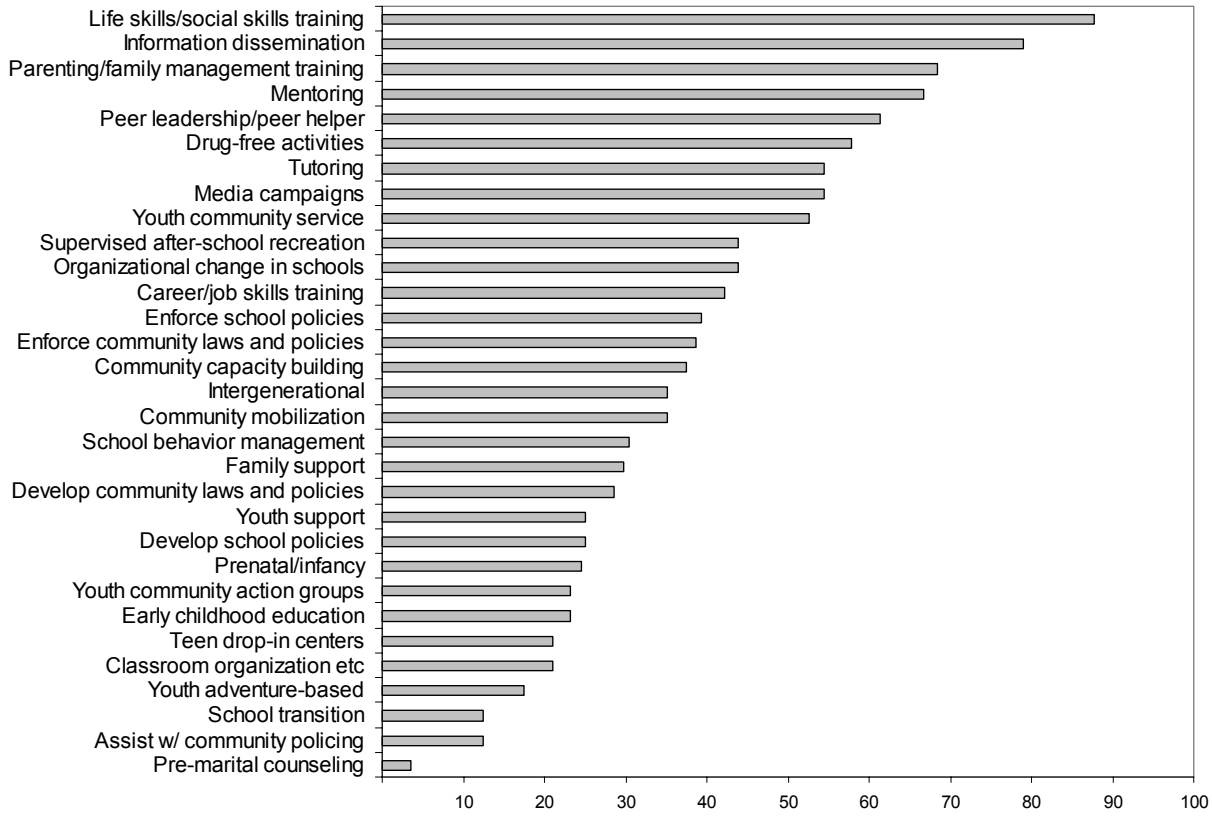

Figure 2. Services Provided by Governor's Grant Programs

Figure 2 displays the results for Governor's Grant recipients. It appears that Governor's Grant funded programs are offering the same services as the Block Grant providers. These programs also offer life skills/social skills training for youth most often, with over 87% of the programs delivering this service. The next most popular service, information dissemination, is provided by almost 80% of the programs. Mentoring and parenting/family management training services are provided by over 67% of the programs.

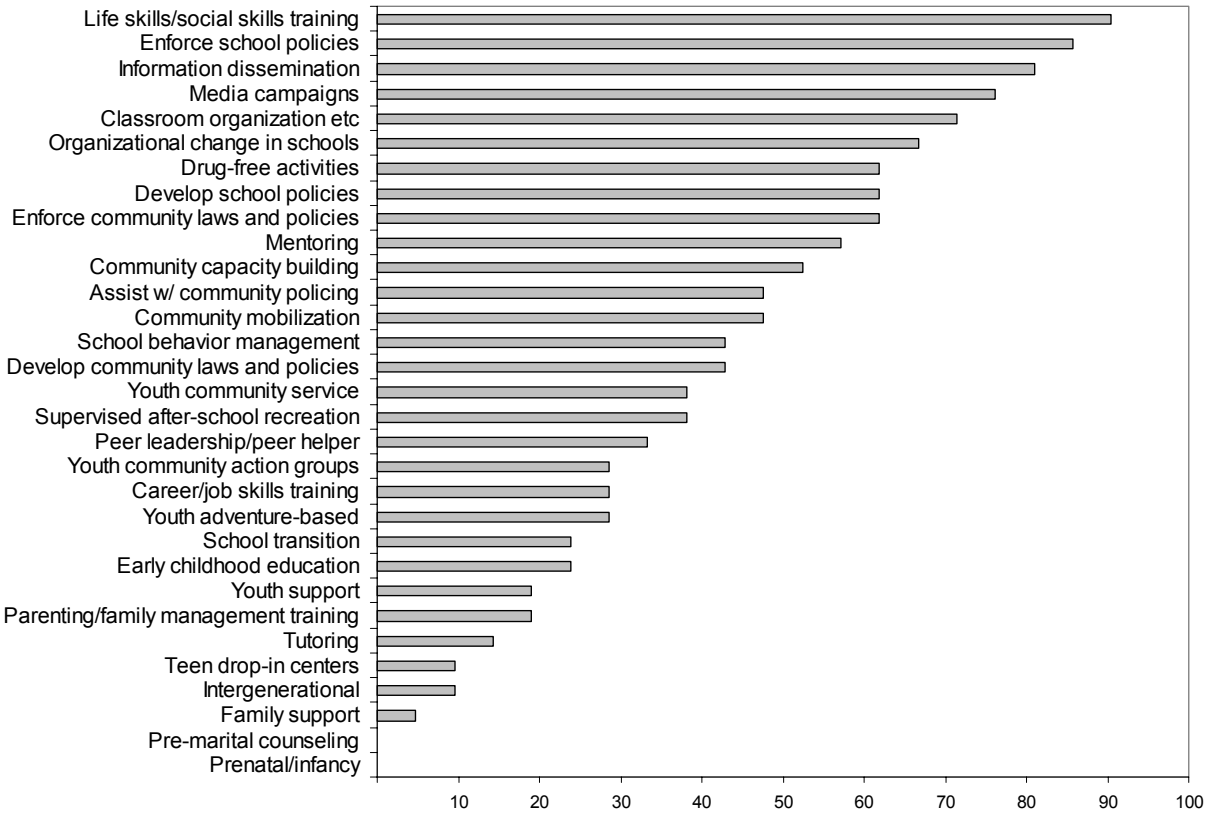

Figure 3. Services Provided by DARE Programs

Life skills/social skills training for youth is also the most popular service offered by the DARE Grant recipients, as shown in Figure 3 above. Approximately 90% of DARE programs offer life skills/social skills training for youth. Given DARE's curriculum, it is also not surprising to find that approximately 86% of the programs work toward the enforcement of school policies that discourage substance abuse. Services that provide information dissemination, media campaigns and classroom organization and management were also popular. Between 71% and 81% of the programs funded through the DARE grant offered these services.

Service Type By Region

In order to gain a broader understanding of the types of services offered in each region of the State, we ran a cross tabulation for each funding source looking at the specific regions in the State by service categories (youth, family, school and community). Table 6 on the next page shows the percentage of Block Grant programs providing each type of service for each region. In all four regions, youth-based services were the most popular service category. The percentage of programs offering youth-based services ranges from 71% in Region 4 to 97% in Region 1. Interestingly, the data follow a north-south pattern. The further north the region, the greater is the percentage of programs offering youth-based services. Community-based services were the next most popular category. The percentage of programs offering these services ranges from nearly 45% in Region 4 to 81% in Region 1. A north-south pattern in the data is again apparent.

Family services are the third most popular service category in all regions, with the percentage of programs providing family services ranging from 17% in Region 3 to 51% in Region 2. Services oriented towards school organization and school climate are the least popular service category. The percentage of programs with school-oriented services ranges from 8% in Region 3 to 31% in Region 2. There is an intriguing geographic pattern in the data for family services and school-oriented services. The percentages in the two northernmost regions, Regions 1 and 2 are higher than the percentages in the two southernmost regions. However, the percentage of programs in Region 2 is higher than the percentage of programs in Region 1 even though Region 2 is further south. Likewise, the percentage of programs in Region 4 is higher than in Region 3, although Region 4 is further south.

Table 6. Percent of Block Grant Programs Providing Services in Each Category, by Region

	Youth	Family	School	Community
Region 1	97	50	28	81
Region 2	86	51	31	71
Region 3	83	17	8	50
Region 4	71	41	19	45

Table 7 displays the results for Governor's Grant-funded programs. The most popular service overall is youth services. In all four regions, 100% of the programs provide youth services. The relative popularity of community, family, and school-oriented services varies by region. In Region 1, community-based and school-oriented services are equally common and are offered by 73% of all programs. Family-based services are slightly less popular, with roughly 67% of programs including a family-based component. In Region 2, community-based services tie with youth services for the top ranking. All programs in Region 2 offer community-based and youth services. Family-based services and school-oriented services are slightly less popular. Family services are offered by 81% of programs, and school-oriented services are offered by 75%.

In Region 3, family-based and community-based services are the second most popular services. Approximately 88% of the programs deliver these services. School-oriented services are less popular and are offered by 65% of programs. In Region 4, family and community-based services are equally common and are tied for second place, with 89% of the programs in this region providing each service. School-oriented services were relatively less common in Region 4 but were still provided by 78% of programs.

Table 7. Percent of Governor's Grant Programs Providing Services in Each Category by Region

	Youth	Family	School	Community
Region 1	100	67	73	73
Region 2	100	81	75	100
Region 3	100	88	65	88
Region 4	100	89	78	89

Table 8 shows the allocation of services across region and service category for DARE programs. All of the programs in each region offer youth services. School-oriented and community-based services are equally common in Region 2, with 100% of the programs offering these services. In Region 1, 100% of the programs offer school-oriented services, but fewer programs, approximately 89%, deliver community-based services. Both school-oriented and community-based services are less popular in Region 4 and are offered by 83% of programs. Family-based programs were the least common service in all regions. The percentage of programs delivering this service ranged from 14% in Region 1 to 50% in Region 4.

Table 8. Percent of DARE Programs Providing Services in Each Category, by Region

	Youth	Family	School	Community
Region 1	100	33	100	89
Region 2	100	14	100	100
Region 3	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Region 4	100	50	83	83

Primary Service

This analysis focuses on the service that providers consider their primary service. Figures 4-6 are bar graphs showing the popularity of each service category. The length of each bar is proportionate to the percentage of programs reporting the category was a primary service.

Figure 4 on the next page displays data for Block Grant programs. Life skills/social skills training was the most popular category by far. Approximately 51% of Block Grant programs reported this category was their primary service. The second most popular category, “other services” is far less popular, with only 17% of programs selecting this category. Of this 17%, 4% listed multiple categories as their primary service or described programs that spanned several categories. In addition, 3% described services for prisoners, 2% described lifeskills training specifically for adults, and 2% specified groups or education for families of substance users. The remaining 7% gave general descriptions of their programs that did not describe the types of services provided (e.g. “girl enrichment program”).The third most popular category was parenting/family management training, which was the primary service for 11.5% of the programs. Together, the top three categories account for nearly 80% of all programs.

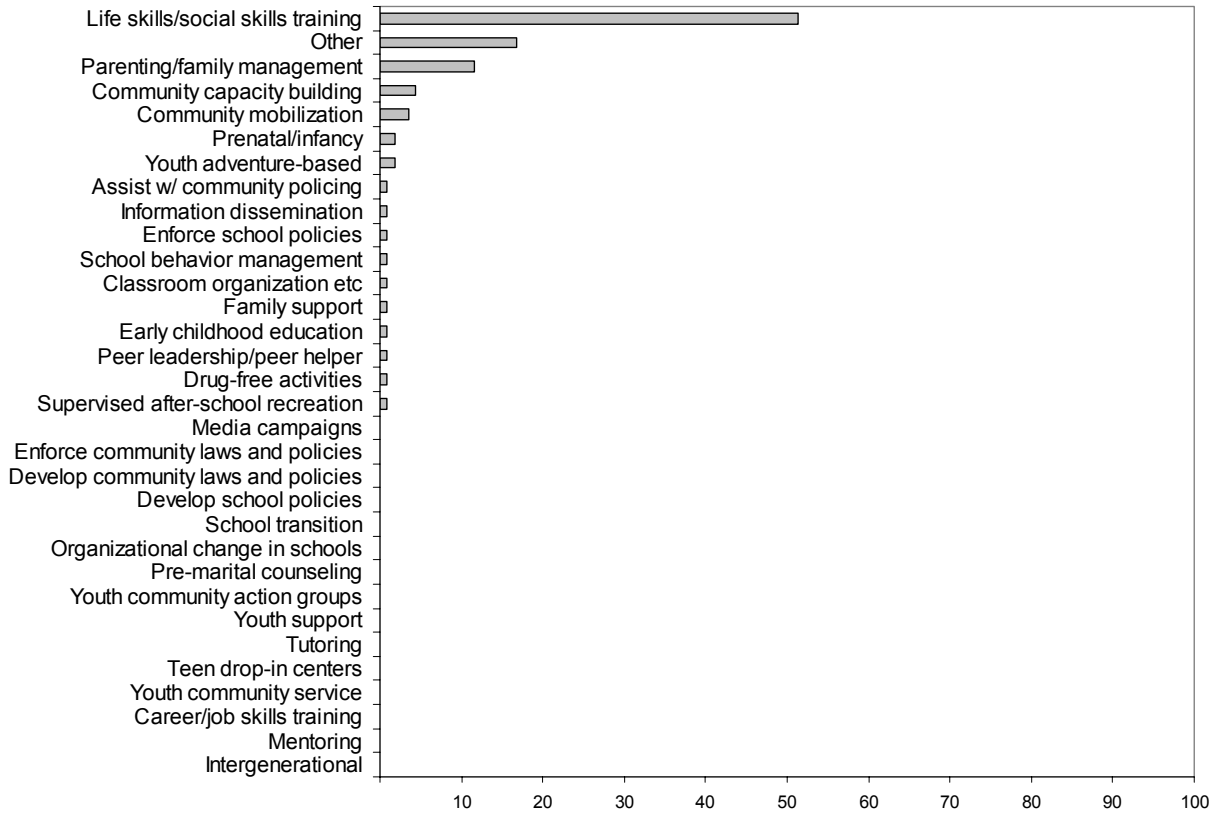

Figure 4. Primary Services Provided by Block Grant Programs

Fourteen service categories account for the remaining 20% of programs. Of these categories, community mobilization and community capacity building are the most common, with each category being the primary service for approximately 4% of the programs. Approximately 2% of the programs selected youth adventure-based programs or pre-natal/infancy services as their primary service. Another ten categories are each a primary service for approximately 1% of all programs:

- Supervised after-school recreation
- Drug-free activities
- Peer leadership/peer helper
- Early childhood education
- Family support
- Classroom organization, etc.
- School behavior management

- Enforcing school policies
- Information dissemination
- Assisting with community policing

As shown in Figure 4, there are 15 service categories that are not a primary service for any of the Block Grant programs. Three of these categories were school services: organizational change in school, school transition, and developing school policies. Three were community-based services. Enforcing community laws and policies, media campaigns and developing community laws and policies, were never a primary service. Among family services, only pre-marital counseling was never listed as a primary service. The remaining service categories were the following youth oriented services:

- Intergenerational
- Mentoring
- Career/job skills training
- Youth community service
- Teen drop-in centers
- Tutoring
- Youth support
- Youth community action groups

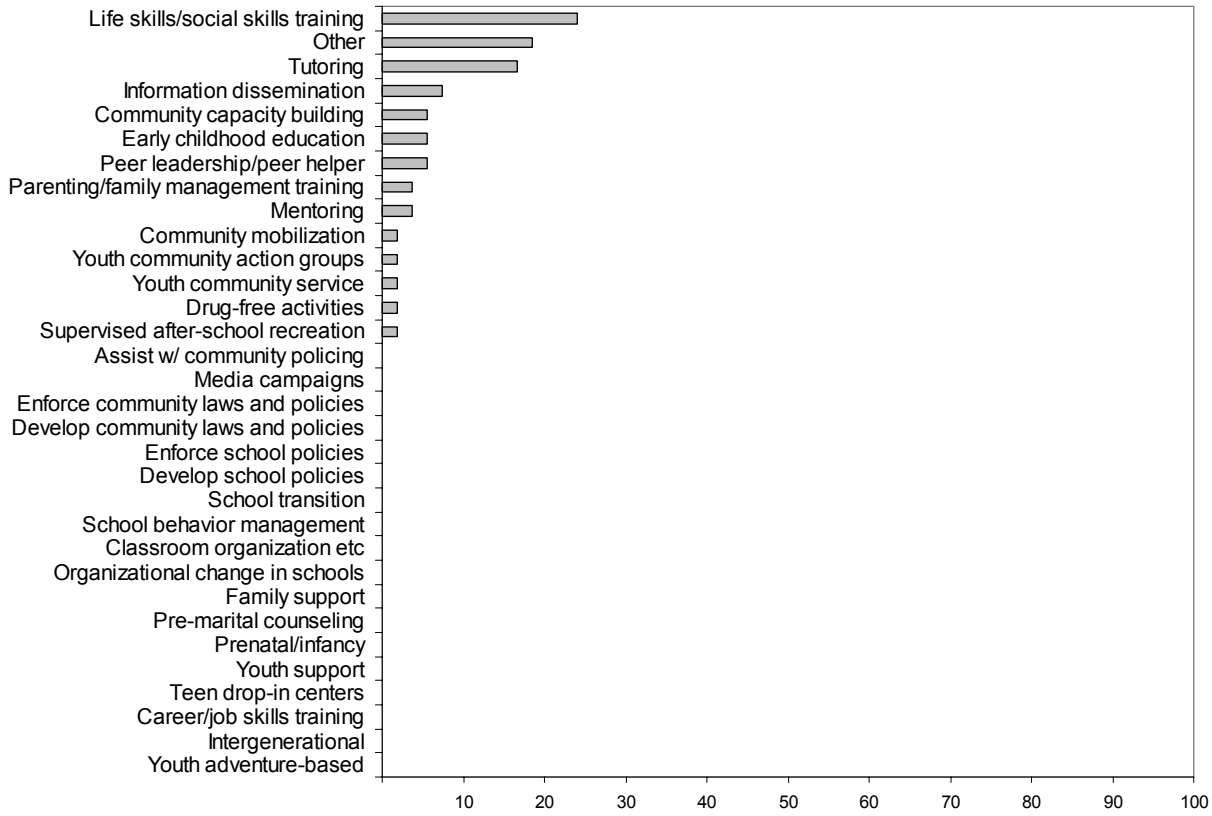

Figure 5. Primary Service Offered by Governor's Grant Programs

Figure 5 above displays the data on primary services among Governor's Grant recipients. Life skills/social skills training was the most common service. Approximately 24% of programs reported it was their primary service. The category for "other services" was the next most common service. "Other services" were listed as the primary service for nearly 19% of programs. All of the programs in this category indicated that multiple categories were the primary service or gave descriptions of their primary services that spanned multiple categories. Almost 17% of the programs reported that tutoring was their primary program, making it the third most popular service.

The remaining services were far less popular. Four categories were each primary services for 5% to 7% of the programs: peer leadership/peer helper programs, early childhood education, information dissemination, and community capacity building. Two categories were each a primary service for approximately 4% of the programs. The categories were mentoring and parenting/family management training. There were also several services that were each a primary service for approximately 2% of the programs. The services were: supervised after-school recreation, drug-free activities, youth community service, youth community action groups, and community mobilization.

There were 18 services that were never a primary service among Governor's Grant programs. Six of these 17 services focused on school change. Organizational change in schools, classroom organization and management, school behavior management,

school transition, developing school policies, and enforcing school policies were the relevant services. Several family-oriented services were also never a primary service. The relevant family services were pre-natal/infancy, pre-marital counseling, and family support. Developing community laws and policies, media campaigns, assisting with community policing, and enforcing community laws and policies were the four community-based services that were never a primary service. Finally, there were five youth-based services that were not primary services among Governor's Grant programs. The services were youth adventure-based, intergenerational, career/job skills training, teen drop-in centers, and youth support.

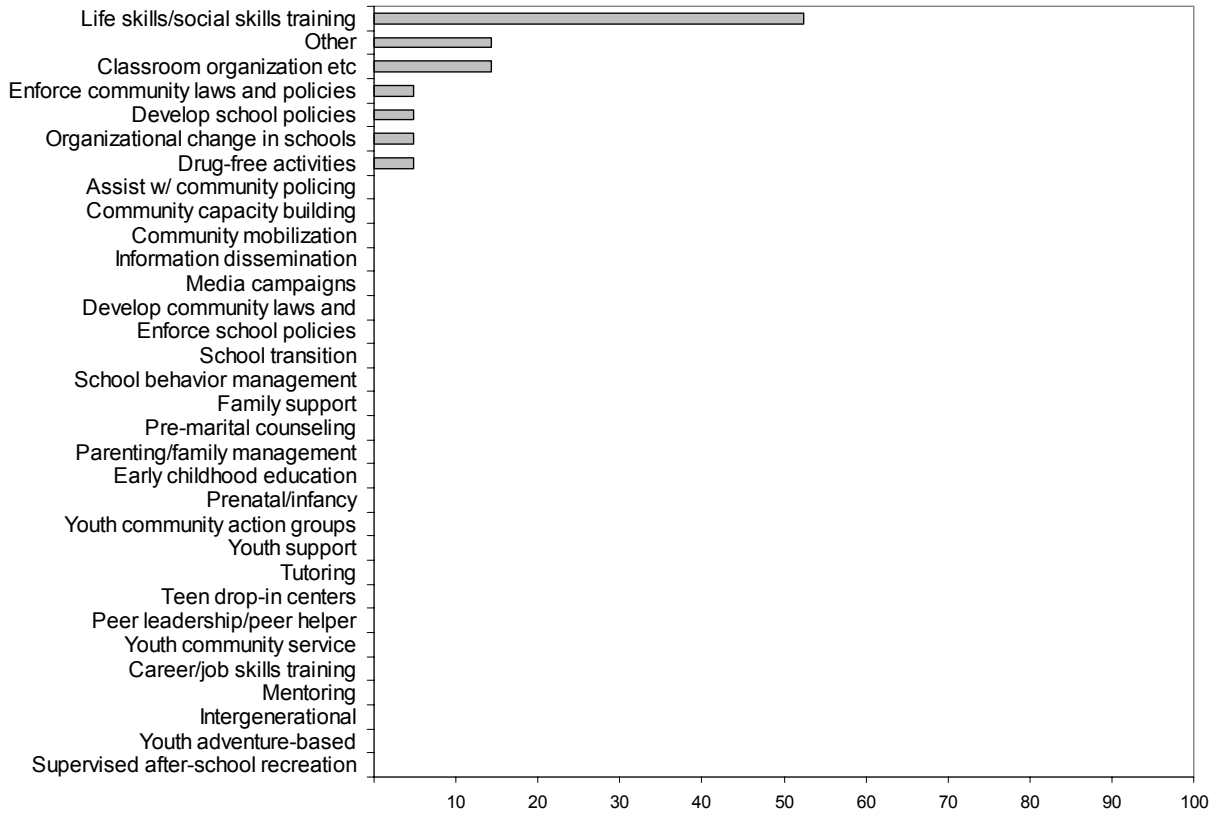

Figure 6. Primary Service Offered by DARE Programs

Life skills/social skills training is the most common primary service among DARE programs, as shown in Figure 6 above. Approximately 52% of all DARE providers reported this category as their primary service. Classroom organization and management tied with "other services" for second place. Each was a primary service for approximately 14% of the programs. Drug-free activities, facilitating organizational change in schools, developing school polices, and enforcing community laws and policies were the third most popular services. Each service was a primary service for nearly 5% of the programs. The remaining services were never a primary service for DARE programs.

Primary Services By Region

Tables L-1, through L-4, found in Appendix L, show the primary services offered in each region by funding stream. The results for Block Grant providers are highly consistent across regions, as seen in the tables. The most common primary service in all four regions is life skills/social skills training. The "other services" category is the second most common primary service in all regions. Parenting/family management training is the third most common primary service in all regions, although it is tied for third place with additional service categories in Region 3.

Among Governor's Grant programs, there are a number of ties in rankings, making inter-regional comparisons slightly more complex. Careful consideration of the rankings reveals that regions share some common ground. Life skills/social skills training occupies the top rank in each region, although it shares this position with "other services" in Regions 2 and 3. It also shares this rank with tutoring in Region 1 and parenting/family management training in Region 4. Another commonality is that tutoring is among the top three services in all regions, while "other services" is among the top three services in Regions 1, 2, and 3.

The results for DARE programs vary among regions. Life skills/social skills training is the most popular primary service in all regions with DARE programs. The second most common primary services are "other services" in Region 1 and classroom organization and management in Region 2. In Region 4, there is a tie for second place between developing school policies and classroom organization and management. The third most common program varies among regions. In Region 4, there are no programs providing primary services other than life skills, developing school policies, and classroom organization; hence there is no third common program. Drug-free activities and "other services" are the third most popular primary services in Region 2, while organizational change in schools and enforcing community laws and policies occupy the third rank in Region 1.

QUESTION 2: WHAT GOALS DO PROGRAMS TARGET?

Table 9 below presents data on program goals. The columns in the table display the percentage of programs in each funding stream that reported each goal as a main focus. A cursory glance at the table reveals that programs in all funding streams focus on a variety of goals. It is also apparent that while the percentage of programs focusing on each goal varies by funding stream, the most popular goals are almost identical among the three funding streams. The top three goals among Block Grant programs were to improve social skills, strengthen perceptions about the harmful effects of substance use, and to strengthen attitudes against substance use. These three goals were among the top three goals for Governor's Grant programs as well. Due to a tie in ranks, preventing or delaying the first use of ATOD was also among the top three goals for Governor's Grant programs. Three of these goals tied for first place among DARE programs. The goals were strengthening perceptions, strengthening attitudes, and preventing or delaying substance use. Reducing involvement in drug-using peer groups

ranked second, while increasing youth awareness of peer norms opposed to ATOD use ranked third.

The least popular goals share some similarities. Reducing marital conflict and improving adjustment to a new home or school were among the least popular goals in all three funding streams. There are also differences among the least popular goals. Most noteworthy was the fact that increasing parental involvement in school was one of the three least popular goals for Block Grant programs only.

Table 9. Percent of Programs Focusing on Each Goal by Funding Stream

Goal	Block Grant	Governor's Grant	DARE
Improve social skills	78	77	52
Strengthen perceptions about the harmful effects of ATOD use	74	73	95
Strengthen attitudes against ATOD use	73	73	95
Prevent or delay the first use of ATOD	65	70	95
Prevent antisocial behaviors	60	60	76
Strengthen attitudes against antisocial behavior	59	58	71
Increase youth awareness of peer norms opposed to ATOD use	50	51	67
Reduce rebelliousness among youth	49	33	52
Reduce involvement in drug-using peer groups	49	52	90
Improve parents' and children's family communication skills	42	51	19
Reduce involvement in delinquent peer groups	38	31	48
Increase involvement in positive social activities	37	45	48
Increase number of youth who have positive relationships with adults	36	46	38
Improve parents' family management skills	27	36	14
Improve parents' ability to provide opportunities for positive family involvement	27	38	14
Reduce youth access	26	31	38
Improve parents' ability to reward positive family involvement	25	30	14
Improve student commitment to education	22	63	33
Change parental attitudes towards ATOD use among youth	21	38	19
Establish, communicate, and enforce clear policies regarding ATOD use	21	33	67
Increase opportunities for positive youth participation in the classroom	20	28	38
Increase opportunities for positive youth participation in schools	19	46	38
Reduce ATOD use among adult family members	18	11	14

Goal	Block Grant	Governor's Grant	DARE
Reduce symptoms of depression	17	4	14
Increase opportunities for positive youth involvement in the community	17	46	24
Improve academic skills	16	51	19
Increase rewards for positive youth participation in schools	16	30	33
Provide alternative activities that are thrilling and socially acceptable	14	23	33
Strengthen community norms and/or attitudes against ATOD use	13	28	33
Increase rewards for positive youth involvement in the community	9	33	14
Increase involvement in religious activities	8	2	5
Develop or strengthen community laws that restrict ATOD use	8	17	24
Improve neighborhood safety, organization, and/or sense of community	7	24	33
Increase positive parental involvement in school	6	27	29
Reduce marital conflict	4	4	5
Improve adjustment to a new home or school	4	4	14

A series of tables in Appendix M shows the data on goals for each region. The regional results for Block Grant programs are similar to the State results. Programs in Regions 1, 3, and 4 share the three most popular goals with the State. Due to ties within the ranks, additional goals are among the top three in each region. In Regions 1, 3, and 4, preventing or delaying the use of ATOD is among the top three goals. Preventing antisocial behaviors is also among the top three goals in Region 3. Region 2 shares two of the three most popular goals with the State. Improving social skills, one of the three most popular goals in the State, is not among the top three goals in the region. In addition, preventing antisocial behaviors and strengthening attitudes against antisocial behavior are among the three most popular goals in Region 2 but not in the State.

Regional results for programs funded by the Governor's Grant show greater differences. In Region 1, the top ranked goals were among the most popular goals in the State. The goals were improving social skills, strengthening attitudes against ATOD use, strengthening perceptions about the harmful effects of ATOD use, and preventing or delaying the first use of ATOD. Improving student commitment to education also ranked among the three most popular goals in Region 1 but was not included in the State's top three ranks. The top three goals in the State are also among the top goals in Region 2, with the exception of preventing or delaying this first use of ATOD. This goal does not rank among the top three in Region 2. However, improving student commitment to education was among the top three goals in the region although it did not rank so highly in the entire State. The top three goals in the State are also the most popular goals in

Region 3. Due to a tie in Region 3, preventing antisocial behaviors is also among the top three goals. In Region 4, the only goal in common with the State was improving social skills. Popular regional goals were to reduce involvement in drug-using peer groups and to change parental attitudes towards ATOD use among youth. These goals held the first and third place ranks, respectively.

In the DARE funding stream, the top goals in the State tended to be among the top goals in the region. The top three goals in Region 1 are almost identical to the State's top three goals. The difference is that preventing antisocial behaviors is a top goal in the State but not in the region. Conversely, increasing youth awareness of peer norms opposed to ATOD use is a top goal in the region but not in the State. In Region 2, the top three goals were also the top three goals in the State. However, several additional goals were among the top three in Region 2 due to ties in ranking. The additional goals were increasing awareness of peer norms opposed to ATOD use; establishing, communicating and enforcing clear policies regarding ATOD use; strengthening attitudes against antisocial behavior; improving social skills; and increasing opportunities for positive participation in the classroom. Region 4 also shared the top three goals with the State; however, there were numerous ties among the ranks resulting in many goals placing among the top three. There were three goals tied for first place, four for second place and ten ties for third place. There were no DARE programs in Region 3; hence, no comparisons to the State results can be made.

QUESTION 3: HOW MANY PEOPLE DO THE PROGRAMS SERVE?

Table 10 displays information on the program size. The first two rows of the table show that the range in program sizes is very wide. The maximum program sizes for Block Grant and DARE programs are over 15,0000 people. The maximum program size for Governor's Grant programs is over 200,000 people. As reported earlier, this large value is an outlier. The next largest program among Governor's Grant providers served 26,000 people.

The last three rows of the table provide a sense of the size of most programs. The data in these rows show that while the largest programs are over 10,000 people, most programs lie within a smaller range. For example, 75% of the Block Grant programs have fewer than 1,340 people, and 50% of the programs have fewer than 624 people. Among Governor's Grant and DARE programs, 75% of the programs have fewer than 2,150 participants.

Table 10. Descriptive Statistics on the Number of Program Participants by Funding Stream

	Block Grant	Governor's Grant	DARE
Minimum	15	17	112
Maximum	16,660	214,855	22,949
25th Percentile	247	115	546
50th Percentile	624	320	726
75th Percentile	1,340	2,150	2,039

Tables N-1 through N-4 in Appendix N show the results by region. Similar to the State results, the range in program size is very wide in all funding streams and regions. However, the variation among regions and funding streams is substantial, with no particular region or funding stream dominating in terms of program size.

QUESTION 4: WHAT POPULATIONS DO THE PROGRAMS SERVE?

Special Populations

Table 11 on page 49 shows the percentage of programs targeting each population. The second column in the table displays the results for Block Grant programs. These programs appear to target a number of diverse populations. The most frequently targeted groups are school-based populations. Middle school/junior high school students are the most popular target population, with 58% of the Block Grant programs targeting this group. Elementary school students are the second most popular population, closely followed by high school students and students at risk of dropping out of school. Between 44% and 45% of Block Grant programs consider these groups to be primary populations. In addition, three non-school based groups were major target populations. Approximately 40% of Block Grant programs reported that economically disadvantaged youth and delinquent/violent youth were primary populations, while nearly 29% of the programs considered parents and families to be a primary population.

The other populations in the table were targeted less frequently. Less than 23% of Block Grant programs reported that any of these populations was a primary population. There were 10 populations that were targeted by less than 5% of Block Grant programs:

- managed care organizations
- gays/lesbians
- migrant workers
- immigrants and refugees
- business and industry
- law enforcement/military
- government/elected officials
- college students
- people with disabilities
- other primary populations

The third column in Table 11 shows the results for Governor's Grant programs. The most frequently targeted population is middle school/junior high students. Approximately 79% of all Governor's Grant programs report this group as a primary population. The next most popular target population is students at risk of dropping out of school, with 70% of the programs focusing on this group. High school students, elementary school students, and economically disadvantaged youth are also major target populations. Each of these groups is a primary population for over 64% of the programs.

Parents/Families are another key target population. As shown in Table 11, 60% of Governor's Grant programs report targeting this population. Other major target populations were delinquent or violent youth, youth excluded from other categories, and economically disadvantaged adults. Between 32% and 39% of the programs considered each of these groups to be a primary population. Less than 30% of Governor's Grant programs focus on each of the remaining populations. Five of the populations targeted by less than 5% of the Block Grant programs were also targeted by 5% or less of Governor's Grant programs. The populations were gays and lesbians, migrant workers, immigrants and refugees, managed care organizations, and other primary populations.

DARE programs focus on school-based populations, as shown in the fourth column of Table 11. The most common primary population was elementary school students, with 95% of the programs targeting this group. This result is to be expected because the DARE curriculum is designed for elementary school students. The second and third most popular target populations were middle school and high school students. The percentage of programs focusing on these groups was 76% and 48%, respectively.

There were several other important target populations among DARE programs. A substantial number of DARE programs, approximately 38%, reported that teachers, counselors, and administrators were a primary population. Interestingly, the same percentage of programs targeted the general population. Two other major primary populations were preschool students and students at risk of dropping out, with 33% of DARE programs targeting these students. Law enforcement/military and parents/families were also common primary populations. Approximately 29% of the programs considered these groups to be among their primary populations.

The percentage of DARE programs targeting each of the remaining populations was less than 25. There were several populations that less than 5% of the DARE programs targeted. These populations were not targeted by any of the DARE programs. The populations were:

- gays and lesbians
- migrant workers
- immigrants and refugees
- managed care organizations

- other primary populations
- older adults
- pregnant women
- college students

Five of these populations were also served by fewer than 5% of the Governor's Grant and Block Grant programs. The populations were gays and lesbians, migrant workers, immigrants and refugees, managed care organizations, and other primary populations.

Table 11. Percent of Programs Reporting Special Populations as Primary Populations by Funding Stream

Population	Block Grant	Governor's Grant	DARE
General Population	17	25	38
Age			
Middle/Junior High School Students	58	79	76
High School Students	44	68	48
Elementary School Students	45	65	95
Older Adults	7	7	0
College Students	4	9	0
Preschool Students	8	25	33
Geography			
Rural/Isolated Populations	18	18	10
Urban/Inner City Populations	9	24	14
High-Risk Groups			
Students at Risk of Dropping Out of School	44	70	33
Delinquent/Violent Youth	40	39	24
COSAs/Children of Substance Abusers	22	19	14
Criminally Involved Adults	14	7	10
People Using Substances, excluding those in need of treatment	15	11	14
Pregnant Teenagers	18	18	10
Physically/Emotionally/Sexually Abused People	14	9	10
Foster Children	18	26	10
School Dropouts	13	28	10
Homeless/Runaway Youth	9	12	14

Population	Block Grant	Governor's Grant	DARE
Other Special Populations			
Economically Disadvantaged Youth	40	67	14
Parents/Families	29	60	29
Women of Childbearing Age	19	13	5
Economically Disadvantaged Adults	16	33	14
Pregnant Women	12	7	0
Youth/Minors not included in other categories	20	32	10
Law Enforcement/Military	4	11	29
People with Disabilities	4	11	14
Gays/Lesbians	2	0	0
Immigrants and Refugees	3	4	0
Work Related			
Teachers/Administrators/Counselors	16	29	38
Health Care Professionals	8	15	10
Business and Industry	4	13	5
Government/Elected Officials	4	9	14
Migrant Workers	2	2	0
Managed Care Organizations	1	5	0
Community Groups			
Coalitions	7	21	24
Religious Groups	7	11	24
Other primary populations	4	5	0

Tables O-1 through O-4 in Appendix O display the results by region. The regional results for Block Grant programs share some similarities with the State results. At the State level, the most popular primary populations were students at risk of dropping out, and students in middle, elementary, and high school. Students in middle school were among the three most popular groups in each region. Elementary school students rank among the three most common populations in Regions 2 and 3, while high school students are among the three most common populations Regions 1, 2, and 4. Students at risk of dropping out are among the top three ranked populations in Regions 1, 3, and 4.

There are also some differences between the regional and Statewide results for Block Grant providers. There were several populations among the top three regional populations that were not one of the top three populations in the State. Economically disadvantaged youth occupied a rank on the top three list in Regions 1 and 3, while delinquent/violent youth were among the most common populations in Region 1 along with rural/isolated populations.

The regional results for Governor's Grant programs have much in common with the Statewide results. At the State level, the three most common primary populations were middle school students, students at risk of dropping out of school, and high school students. Middle school students were among the top three populations in each region, while high school students were among the top three in Regions 1, 2, and 4. Students at risk of dropping out ranked among the top three populations in Regions 1, 2, and 3. There were a number of ties in rankings in each region. As a result, there were several populations that ranked among the three most popular target populations at the regional level but not at the State level. Economically disadvantaged youth were among the most common populations in each region. Parents/families were a common population in Regions 2 and 4, as were elementary school students. Finally, economically disadvantaged adults ranked among the top three populations in Region 4.

In the DARE funding stream, many populations were common in several regions and in the State as a whole. At the State level, elementary school students were the most common primary population. In all regions, elementary school students were among the two most common primary populations. Middle/junior high school students, the second most common primary population in the State, also ranked among the top three populations in each region. High school students, the third most common population in the State, ranked among the top three in Regions 2 and 4 but not in Region 1. Due to ties in rankings, some populations ranked among the top three at the regional level, but not at the State level. Teachers/administrators/counselors were among the top three populations in Regions 1 and 4. In addition, parents/families, law enforcement/military, and the general population were two of the top three populations in Region 1. In Region 2, preschool students, delinquent/violent youth, students at risk of dropping out, and the general population were among the top three populations.

Gender

Figure 7 contains a bar chart depicting the gender composition of Block Grant programs. The height of each bar represents the proportion of programs in the category. As shown in the chart, the preponderance of Block Grant programs, nearly 70%, are of mixed gender. In these programs, neither gender is a majority. The next largest category is programs that are mostly female. In these programs, 75% or more of the participants are female. This category accounts for 15% of the total programs. Programs that serve mostly males consist of only 6% of Block Grant programs. The least popular categories are males only and females only, each accounting for approximately 5% of the total.

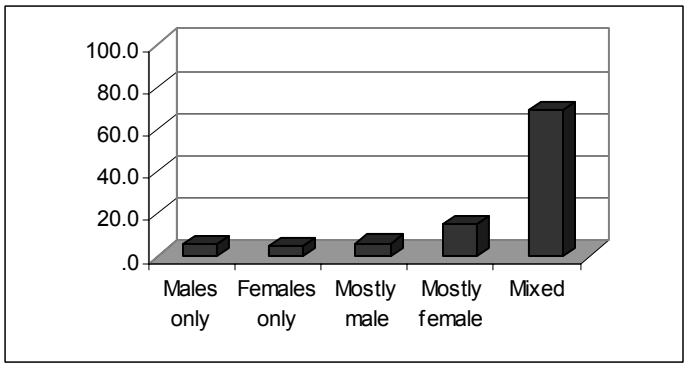

Figure 7. Gender composition of Block Grant programs

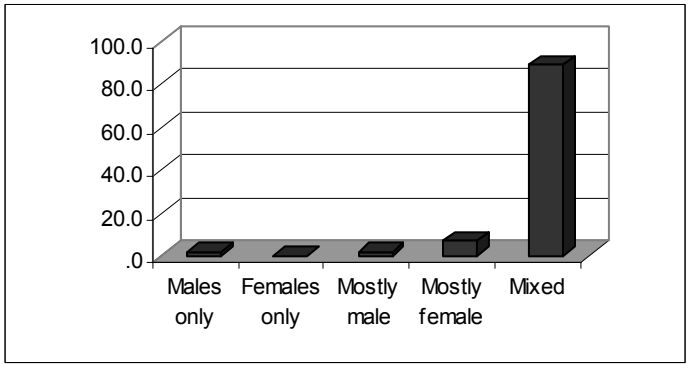

Figure 8. Gender composition of Governor's Grant programs

Governor's Grant programs tend to be co-educational. As shown in Figure 8, over 89% of the programs are categorized as mixed gender. Programs with mostly females are the second most popular category, but comprise only 7% of the total number of programs. Programs serving a male majority are an even smaller fraction of the total. Only 2% of the programs serve mostly males, with an additional 2% serving only males. No programs serve only females.

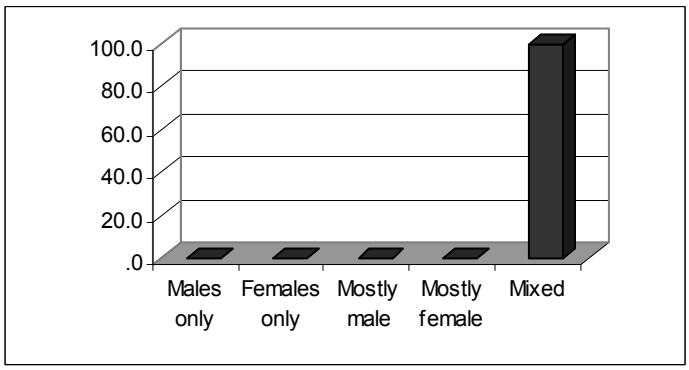

Figure 9. Gender composition of DARE programs

Figure 9 shows that DARE programs are always of mixed gender. There are no programs where the majority of participants are either male or female. This result is not surprising, given that DARE is delivered in a public school setting.

Figures P-1 through P-11 in the Appendix P show bar charts for each region. In parallel with the State results, all of the DARE programs in each region are mixed gender. Among Block Grant programs, Regions 2 and 4 have the highest concentration of programs focusing on one gender. In these regions, between 36% and 37% of the Block Grant programs serve primarily one gender. Between 22% and 25% of Block Grant programs serve primarily one gender in Regions 1 and 3. Among Governor's Grant programs, a smaller percentage of programs focus on one gender. Between 11% and 13% serve primarily one gender in Regions 2, 3, and 4. In Region 1, approximately 7% of the programs serve a majority of one gender.

Age

Programs with participants in each age group

Table 12 on the next page presents data on the age groups served by programs. The first column of the table lists the age group, while the last three columns show the percentage of programs in each funding stream with participants in the age group. Data for Block Grant programs appears in the second column. A striking feature of the table is that few Block Grant programs work with children in pre-school. Only 5% of the programs reported serving this population. Block Grant programs appear to begin to work with children when they enter elementary school. Approximately 52% of the programs work with children aged 5-11, and an even greater percentage work with adolescents. Approximately 66% of the programs served youth aged 12-14, and 60% served youth aged 15-17.

The percentage of programs serving adults is smaller than the percentage of programs serving youth, but is still substantial. Between 30% and 42% of the programs work with each age group from ages 18 to 64. There appears to be less emphasis on working with the elderly, with only 17% of Block Grant programs reporting that they served this population.

The third column of Table 12 displays data for Governor's grant programs. These data show a pattern similar to that found in the Block Grant data, with the percentage of programs serving each age group rising after pre-school and falling after adolescence. The percentage of Governor's Grant programs serving children under the age of five is 24, considerably less than the percentage of programs serving adolescents. A full 80% of the programs serve youth aged 5-11, while 89% serve youth aged 12 to 14, and 80% serve youth aged 15 to 17. In contrast, 47% of programs work with young adults aged 18 to 20. The percentage of programs serving adults is even smaller. Between 27% and 36% of the programs serve participants in each group for ages 21 through 64. Only 13% of Governor's Grant programs report having participants over the age of 64.

DARE programs have an even greater focus on youth, particularly the 5 to 11 age group. Only 14% of DARE programs served children under the age of 5, while 100% served children aged 5 to 11. A large proportion of DARE programs served adolescents in the 12 to 14 and 15 to 17 age groups. Approximately 76% of the programs reported working with youth aged 12 to 14, while 57% reported serving youth aged 15 to 17. In contrast, only 14% of DARE programs had participants aged 18 to 20. The proportion of programs with participants aged 21 to 24 is even smaller at 5%. The proportion rises to 19% for participants aged 25 to 44, making this category the most popular age group among adults. Very few DARE programs serve older adults. Only 5% of the programs reported having participants in the 45 to 64 and 65 and older age categories.

Table 12. Percent of Programs With Participants in Each Age Group by Funding Stream

Age Group	Block Grant	Governor's Grant	DARE Grant
0 to 4	5	24	14
5 to 11	52	80	100
12 to 14	66	89	76
15 to 17	60	80	57
18 to 20	40	47	14
21 to 24	32	27	5
25 to 44	42	36	19
45 to 64	30	31	5
65 and older	17	13	5

Results by region appear in Tables Q-1 through Q-4 in Appendix Q. The tables have three major features. The first is that the percentage of programs serving each age group varies by region and funding stream. The second feature is that adolescents are the most popular age group, as they are at the State level. This pattern is more pronounced in some regions than in others, however. The third feature is the emphasis of DARE programs on ages 5 to 11. Consistent with DARE's curriculum, 100% of DARE programs in all regions serve this age group.

Programs that focus on particular age groups

In reviewing the results above, the question arises as to how many programs focus on particular age groups. Table 13 on the following page presents State data pertaining to this question. For each funding stream, there is a column labeled "serves mostly this age group". This column shows the percentage of programs in which 75% to 99% of the participants belong to the relevant age group. There are also columns labeled "serves only this age group". These columns present the percentage of programs where all participants belong to the relevant age group.

Results for the Block Grant data appear in the second and third column of Table 13. As shown in the table, there are no programs with a majority of participants under the age of 5. However, a substantial number of programs focus on youth. In total, 20% of the programs have a majority of participants in one of the age groups for ages 5 to 17.

Approximately 6% of the programs reported that most of their participants were between the ages of 5 and 11, and an additional 4% reported that all of their participants belonged to this age group. In the 12 to 14 year old age group, 2% of the programs reported serving mostly this age group, while 1% reported serving only this age group. A greater number of programs focus on 15 to 17 year old adolescents. Approximately 6% of the programs reported that most of their participants were between the ages 15 and 17, and 1% reported that all of their participants belonged to this age group.

Fewer Block Grant programs focused on adults. Only 1% of the programs reported serving mostly ages 18 to 20. None of the programs reported that participants aged 21 to 24 were a majority, although 6% serve mostly adults aged 25 to 44. There were no programs where most or all of the participants were between the ages of 45 and 64. There were also no programs reporting that elderly participants were the majority.

The fourth and fifth columns of the table display data for the Governor's Grant programs. The pattern for the Governor's Grant data is very similar to the pattern in the Block Grant data. None of the programs reported serving mostly or only pre-school aged children. The percentage of programs serving mostly youth aged 5 to 11 is 5, while the percentage serving only this age group is 2. Approximately 2% of the programs serve mostly 12 to 14 year old youth, although none of the programs serve this age group exclusively. Similarly, 4% of the programs serve mostly 15 to 17 year old participants, but none of the programs reported that all of their participants belonged to this group. Finally, the percentages for age groups over 17 were all zero, indicating that no programs reported having a majority of participants in any of these age groups.

The last two columns of Table 13 display the results for DARE programs. There is a strong focus on ages 5 to 11. A total of 33% of DARE programs focus on this population. This percentage is divided almost evenly among programs serving mostly this age group and programs serving only this age group.

Table 13. Percent of Programs Focusing on Each Age Group by Funding Stream

Age Group	Block Grant		Governor's Grant		DARE Grant	
	Mostly* this age group	100% this age group	Mostly* this age group	100% this age group	Mostly* this age group	100% this age group
0 to 4	0	0	0	0	0	0
5 to 11	6	4	5	2	14	19
12 to 14	2	1	2	0	0	0
15 to 17	6	1	4	0	0	0
18 to 20	1	0	0	0	0	0
21 to 24	0	0	0	0	0	0
25 to 44	6	0	0	0	0	0
45 to 64	0	0	0	0	0	0
65 and older	0	0	0	0	0	0

* Programs reporting that 75% to 99% of their participants were in the relevant age group.

Appendix Q-5 through Q-8 shows tables similar to Table 13 for each region. The second column in each table contains data for Block Grant programs. The overall patterns in Regions 1 and 4 resemble the State pattern, with small percentages of programs focusing on the youth-related age categories. The pattern in Region 2 was slightly different. In Region 2, the only programs focusing on youth served the 5 to 11 age group. As a result, only 9% of Block Grant programs served a majority of participants in a youth-related age group, compared to 20% in the entire State. The results for adults in Region 2 were similar to the State results, however. None of the programs reported a majority of participants in the 18 to 20 year old age group, in comparison with a State average of 1%. Only 3% of the programs reported that the majority of their participants were 25 to 44, just 3% below the State average of 6%. In the State, there were no programs with a majority of participants in either the 45 to 64 or 65 and older age groups. Hence, there were no programs in Region 2 belonging to either of these two categories.

Greater differences with the State pattern are visible in Region 3. In this region, 30% of Block Grant programs reported that a majority of their participants belonged to one of the youth-related age groups. This 30% is comprised entirely of programs serving mostly youth aged 5 to 11 (20%) and programs serving mostly youth aged 15 to 17 (10%). At the State level 20% of the programs reported serving primarily youth, and this percentage was distributed more evenly across age categories. Another major contrast between the State and regional results is seen among programs serving mostly 25 to 44 year old adults. In Region 3, 17% percent of the programs served mostly this age group, contrasted with 6% at the State level. The results for the remaining adult age groups are extremely close to the State results.

The third column in each table shows the data for Governor's Grant programs. The regional data show some resemblance to the State data, but the results are not identical. The State data contained small percentages of programs focusing on each youth-related age group. At the regional level, there are scattered groups of programs focusing on youth in Regions 1, 2, and 3, while none of the programs in Region 4 reported a majority of any age group. For all other age groups, the percentage of programs serving mostly or only participants in the age group was zero across the State and all regions.

The regional results for DARE programs appear in the fourth column of each table. At the State level, 14% of programs served mostly 5 to 11 year old children, and an additional 19% served only 5 to 11 year old children. All regional averages for this age group were within 5% of the State averages, with one exception. In Region 1, 22% of the programs serve mostly 5 to 11 year old children. The State and regional average for all other age groups is equal to zero.

Ethnicity
Programs with participants of each ethnicity

Table 14 displays the percentage of programs serving various ethnic groups. It is important to note that these percentages were calculated using data on the percent of program participants from each ethnic group. Thus, the data represent the ethnic groups participating in the program rather than the ethnic groups targeted by the program. A program may *target* all ethnic groups but may not *serve* all ethnic groups due to a variety of factors such as lack of public awareness of the program, cultural barriers, or an absence of members of the ethnic group in the community.

Data from Block Grant programs appear in the second column of Table 14 on the next page. African-Americans are the most widely represented ethnic group, with 98% of the programs having participants of this ethnicity. Programs reported serving white participants nearly as frequently. The percentage of programs serving whites was 94%, making whites the second most widely served ethnic group. The third most widely served ethnic group was Hispanics/Latinos. Approximately 32% of Block Grant programs had participants from this ethnic group. This percentage is much smaller compared to whites and African-Americans, but the result is not surprising because Latinos account for only 1.7% of Alabama's population (U.S. Census Bureau, 2003).

Few Block Grant programs reported having participants in Alabama's smaller ethnic groups. For example, the percentage of programs serving Native Americans was 10, while the percentage of people in Alabama who were Native American is approximately .5% (U.S. Census Bureau, 2003). A smaller percentage of programs, 8%, reported working with Asian participants, who account for only .7% of the State's population (U.S. Census Bureau, 2003). None of the programs reported having any participants who were Native Hawaiian or Pacific Islanders. This ethnic group represents less than .1% of the State's population (U.S. Census Bureau, 2003).

Data on Governor's Grant programs appears in the third column of Table 14. The pattern in the Governor's Grant data is similar to the pattern in the Block Grant data. African-Americans are the most widely served ethnic group, with only a 2% reporting difference between Governor's Grant and Block Grant programs. Whites are the second most common group, although the percentage of Governor's Grant programs with white participants is 83%, roughly 11% less than the percentage of Block Grant programs with white participants. The results for the remaining ethnic groups almost mirror the Block Grant results. Hispanics/Latinos are the next most widely served ethnic group in both funding streams, followed by Native Americans and Asians. Among Governor's Grant programs, Asians are the fourth mostly widely served ethnic group, while Native Americans are the fifth. Among Block Grant programs, Native Americans were fourth and Asians were fifth. The least widely served ethnic group in both funding streams is Native Hawaiians and Pacific Islanders. Only 2% of the Governor's Grant programs serve this ethnic group, while none of the Block Grant programs reported participants of this ethnicity.

DARE programs serve the most diverse group of participants, as shown in the fourth column of Table 14. All of the programs reported having white and African-American participants. Over one-half of the programs served Hispanic/Latino participants, while 38% reported having Native American partcipants. In addition, 25% of the programs reported serving Asians, while 13% of the programs reported working with Native Hawaiians and Pacific Islanders. These percentages are higher than their equivalents among Block Grant and Governor's Grant programs, particularly among Alabama's smaller minority groups. One possible explanation for this finding is that DARE is a school-based program and has access to a diverse population. Reporting differences between funding streams may also account for the finding.

Table 14. Percent of Programs With Participants of Each Ethnicity by Funding Stream

Ethnicity	Block Grant	Governor's Grant	DARE Grant
African-American	98	96	100
White	94	83	100
Hispanic/Latino	32	37	56
Native American	10	6	38
Asian	8	10	25
Native Hawaiian or Pacific Islander	0	2	13

Tables R-1 through R-4 in Appendix R display the results by region. The second column in the tables contains the data for Block Grant programs. Inspection of the tables reveals that the rank ordering of ethnic groups in each region is very close to the rank ordering for the State. African-Americans and whites are the two most widely served groups in all regions. Hispanic/Latinos are the third most widely served group in each region, while fewer programs in each region serve Asians, Native Americans, and Native Hawaiians or Pacific Islanders.

Although the rank ordering of ethnic groups served is consistent, the percentage of Block Grant programs with participants in each group varies by ethnicity and region. There is a small amount of regional variation for African-American participants. The percentage of programs with African-Americans ranges from 94% in Region 1 to 100% in Regions 2, 3, and 4. A greater range among regions for white participants is apparent. The smallest percentage of programs with white participants appears in Region 2, where 83% of programs reported having white participants. The greatest percentage appears in Regions 1 and 3, where 100% of the programs had white participants. The data on Hispanic populations is more variable. The percentage of programs with participants from this population ranges from 11% in Region 2 to 53% in Region 1. The ranges for Asians and Native Americans were narrower, but still considerable. The percentage of programs serving Asians ranged from 0% in Region 2 to 27% in Region 3. The range for Native American programs was from 0% in Regions 2 and 3 to 23% in Region 1. No programs in any region reported serving Native Hawaiians or Pacific Islanders.

Among Governor's Grant programs, the percentage of programs serving each ethnicity varies from region to region. Region 3 had the smallest percentage of programs serving white participants, approximately 63%. The highest percentage of programs with white participants was 93%, which occurred in Regions 1 and 2. The range for African-Americans was narrower. A full 100% of programs in Regions 2, 3, and 4 reported having African-American participants. In Region 1, 87% of the programs had African-American participants. The data for Hispanic/Latinos show more variability. The percentage of programs serving Hispanic/Latinos ranges from 20% in Region 3 to 53% in Region 1. The ranges for Native Americans and Asian populations are narrower. The percentage of programs with Native Americans ranged from a low of zero in Regions 1 and 3 to a high of 29% in Region 4. The range for programs with Asian participants was 0% in Region 3 to 20% in Region 2. The data for Native Hawaiians/Pacific Islanders were even less variable. None of the programs in Regions 1, 2, and 3 reported working with Native Hawaiian/Pacific Islanders, while 14% of the programs in Region 4 had participants of this ethnicity.

Data on DARE programs appear in the fourth column of the tables. Although the percentages of programs serving each ethnic group vary substantially, the rank ordering of programs is quite consistent. At the State and regional level, the two most widely served populations are whites and African-Americans. The third most widely served population at the State and regional level is Hispanic/Latinos. At the State level, the fourth, fifth, and sixth most widely served populations are Native Americans, Asians, and Native Hawaiian/Pacific Islanders, respectively. These populations have the same rank ordering in Region 4. In Region 1, the rank ordering is the same except for a tie between Native Americans and Asians for fourth place. The rank ordering in Region 2 is slightly different. Hispanic/Latinos and Native Americans are tied for second place, while Asians and Native Hawaiian/Pacific Islanders are tied for last place.

The percentages of programs serving each ethnic group are more variable than the ranks. A full 100% of the programs in all regions reported serving both African-American and white participants. The percentage of programs serving Hispanic/Latinos was more variable, ranging from 17% in Region 2 to 80% in Region 1. The percentage of programs serving Asian participants also varied a great deal. The highest percentage appeared in Region 1, where 40% of the programs served Asians. In contrast, no programs served Asians in Region 2. There was less variation in the percentage of programs serving Native Americans. Approximately 50% of the programs in Region 4 reported working with Native Americans, while 17% of the programs in Region 2 served this group. The least amount of variability among regions is found in the statistics for Native Hawaiians/Pacific Islanders. The percentage of programs with Native Hawaiian/Pacific Islanders ranged from 20% in Region 1 to 0% in Region 2.

Programs focusing on one ethnicity

Since prevention programming can be culturally specific, the question arises as to how frequently programs focus on one ethnic group. Table 15 on the next page was designed to shed light on this issue. The data for each funding stream are divided into

two columns. The first column shows the percent of programs classified as serving "mostly" one ethnicity. For these programs, between 75% and 99% of the participants belong to the relevant ethnic group. The second column shows the percent of programs where all of the participants are from the corresponding ethnic group.

Inspection of the table reveals that a substantial portion of Block Grant programs serves mostly white or mostly African-American populations. Approximately 18% of the programs fall into the "mostly white" category, while 30% fall into the "mostly African-American" category. Fewer Block Grant programs serve only one ethnic group, however. Only 1% of the Block Grant programs have only white participants, while 6% have only African-American participants. In total, 55% of Block Grant programs have either a white or African-American majority. There were no programs with a majority of participants from any other ethnic group.

Governor's Grant programs appear to be more ethnically concentrated. In total, 62% of the programs serve primarily whites or primarily African-Americans. Approximately 19% of the programs serve mostly whites, while 28% of the programs serve mostly African-Americans. Furthermore, 15% of the programs reported that all of their participants were African-American, although none reported that all of their participants were white. There were no programs in which other ethnic groups were the majority.

DARE programs follow a different pattern. The only category with a non-zero percentage was "mostly white". Approximately 56% of the DARE programs reported that the majority of their participants were white, although none of the programs reported having only white participants. There were no programs reporting that either most or all of their participants were African-American. Similarly, there were no programs reporting a majority in any other ethnic group.

Table 15. Percent of Programs Focusing on Each Ethnicity by Funding Stream

Ethnicity	Block Grant		Governor's Grant		DARE Grant	
	Mostly this ethnicity	100% this ethnicity	Mostly this ethnicity	100% this ethnicity	Mostly this ethnicity	100% this ethnicity
African-American	30	6	28	15	0	0
White	18	1	19	0	56	0
Hispanic/ Latino	0	0	0	0	0	0
Native American	0	0	0	0	0	0
Asian	0	0	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0	0	0

Tables R-5 through R-8 present the regional data on this topic. The second column in each table displays the data for Block Grant programs. As shown in the table, there were no programs serving mostly Hispanics, Native Americans, Asians, or Native Hawaiian/Pacific Islanders. There were also no programs reporting that all their participants belonged to any one of these ethnic groups. There were a number of programs reporting that most or all of their participants were either white or African-American. The highest percentage of programs with mostly white participants was in Region 1, where 29% of the programs worked primarily with white participants. The lowest percentage occurred in Region 2, where only 6% of the programs reported serving mostly whites. Far fewer programs reported that all their participants were white. Region 1 had the highest percentage of programs reporting all their participants were white. However, the percentage was only 3. In Regions 2, 3, and 4 no programs reported that all their participants were white.

The pattern shifts for African-American participants. Region 2 has the highest percentage of programs with mostly African-Americans. Approximately 54% of the programs in this region have mostly African-Americans. The lowest percentage is found in Region 1, where only 13% of the programs worked primarily with African-Americans. Region 2 is also the region with the highest percentage of programs with only African-American participants. The proportion of programs in Region 2 is 17%, contrasted with 0% in Regions 1 and 3, the regions with the lowest percentage of programs serving only African-Americans.

The third column in each table shows the results for Governor's Grant programs. The only ethnicities forming a majority are whites and African-Americans. Region 1 has the highest percentage of programs serving mostly whites. In this region, 40% of the programs reported that most of their participants were white. Region 3 had the lowest proportion of programs serving mostly whites, only 6%. There were no Governor's Grant programs in any region reporting that all their participants were white. The pattern is reversed for programs serving mostly African-Americans. Region 1 had the lowest concentration of programs serving mostly African-Americans, 13%. Region 2 had the highest percentage of programs serving African-Americans, approximately 47%. In contrast to the results for whites, many Governor's Grant programs reported that all of their participants were African-American. The region with the highest percentage of these programs is Region 3, where 31% of the programs served only African-Americans. The regions with the smallest percentage were Regions 1 and 2, where only 7% of the programs reported that all of their participants were African-Americans.

Data on DARE programs appear in the fourth column of each table. A high percentage of programs in each region reported that most of their participants were white. In Regions 2 and 4, 67% of the programs had mostly white participants, while 43% of the programs in Region 1 were of this ethnic composition. There were no programs where 100% of the population was white. Hence, all programs serve at least some African-American participants. However, there are no programs in any regions with an African-American majority. There are also no programs with a majority of participants in any other ethnic group.

QUESTION 5: HAS THE STATE MET ITS STRATEGIC GOALS FOR PREVENTION SERVICE DELIVERY?

Goal 1: Provide A Minimum Of Ten Family Strengthening Programs Within Each Region

Table 16 on the next page shows the number of family strengthening programs provided in each region. The total row shows the number of programs with any family strengthening services. Since programs may provide more than one service, the total row will not equal the sum of the previous rows. As shown, Regions 1, 2, and 4 provide over ten family strengthening programs. Only two family strengthening programs were reported in Region 3. At first glance, the State does not appear to have met its goal for Region 3. However, not all Block Grant programs in Region 3 participated in this study. It is possible that the region met its goal but that the data do not reflect this due to non-participation in the study.

Table 16. Number of Block Grant Programs With Family Strengthening Services by Region

	Number of Programs			
Service	**Region 1**	**Region 2**	**Region 3**	**Region 4**
Prenatal/Infancy	6	5	2	6
Early Childhood Education	9	3	0	4
Parenting/Family Management	10	11	2	10
Pre-Marital Counseling	1	0	0	0
Family Support	3	9	0	2
Other Family Services	2	1	1	1
Total Number of Programs	16	18	2	14

Goal 2: A Minimum Of Twenty High-Risk Adolescent Education Programs Are Provided Within Each Region

Table 17 shows the number of programs with life skills/social skills programs for high-risk youth. The table includes the break down of high-risk adolescent populations receiving such services. The final row in the table shows the total number of programs serving high-risk youth in each region. The total number of programs is smaller than the column total, since programs may serve multiple categories of high-risk youth. Each region provides fewer than 20 high-risk adolescent education programs, although Region 2 is very close to its goal with 19 programs.

Youth support groups could also be considered education programs. Table 18 on the next page shows the number of youth support groups in each region serving high-risk youth. There are fewer of these programs in each region. Region 4 has two programs, while Regions 2 and 3 each have one program. There are no youth support programs serving high-risk youth in Region 3. All of these programs also offer life skills/social skills training, and hence do not additionally contribute to the State's goal.

Table 17. Number of Block Grant Programs With Life Skills/Social Skills Training Serving High-Risk Adolescents by Region

Population	Number of Programs			
	Region 1	Region 2	Region 3	Region 4
Children of Substance Abusers	5	10	1	6
Delinquent/Violent Youth	13	16	4	10
Foster Children	9	8	1	2
Homeless/Runaway	3	4	1	2
School Dropouts	3	8	2	2
Pregnant Teenagers	6	8	1	4
Students at Risk of Dropping Out	14	13	6	15
Total Number of Programs	14	19	6	16

Table 18. Number of Block Grant Programs With Youth Support Groups Serving High-Risk Adolescents by Region

Population	Number of Programs			
	Region 1	Region 2	Region 3	Region 4
Children of Substance Abusers	1	1	0	1
Delinquent/Violent Youth	1	1	0	2
Foster Children	1	1	0	1
Homeless/Runaway	1	1	0	1
School Dropouts	1	1	0	0
Pregnant Teenagers	1	1	0	1
Students at Risk of Dropping Out	1	1	0	2
Total Number of Programs	1	1	0	2

Goal 3: A Minimum Of Ten High-Risk Alternative Programs Are Provided Within Each Region

Table 19 displays the number of high-risk alternative programs that serve high-risk youth. The table includes the break down of services provided. As depicted in the total row, only Region 1 provides over ten high-risk alternative programs among responding programs. Participating programs in Region 2 nearly meet the State's goal; while participating programs in Regions 3 and 4 fell far short of the goal. In Region 2, only one alternative program serving high-risk youth is needed from providers who did not participate in the study to meet the State's goal. In contrast, seven alternative programs for high-risk youth are needed from non-participating providers in Region 3, and six are needed in Region 4.

Table 19. Number of Block Grant Programs With High-Risk Alternative Programs by Region

Service	Number of Programs			
	Region 1	Region 2	Region 3	Region 4
After-School Recreation	2	4	1	2
Drug-Free Activities	5	7	3	3
Youth Adventure Based	4	0	0	0
Intergenerational Programs	1	6	1	1
Youth Community Service	5	5	3	0
Teen Drop-In Centers	0	1	0	1
Other Alternative Activities	1	1	0	1
Total Number of Programs	10	9	3	4

Goal 4: Full Continuum Of Prevention Services Are Provided Within Each Region

We ran cross tabulation analyses to determine whether each region has at least one program in every strategic category. Programs are classified according to their reported primary service. Table 20 on the next page shows the number of programs in each category for each region. Problem Identification and Referral is marked with an "N/A" in Regions 2, 3, and 4 to indicate that data were not available. None of the services listed on the questionnaire corresponded to this category, and we were therefore unable to assess its popularity. One provider in Region 1 selected the "other" category and described its primary service as "identification." This provider has a contract with the SASD to provide Problem Identification and Referral, and hence we considered this program's primary service to belong to this category.

Setting aside Problem Identification and Referral, Table 20 shows that only Region 4 met its goal. Region 3 was the furthest away from meeting its goal, partly because only 12 programs reported for the entire region. Regions 1 and 2 are closer to meeting their goals. In Region 1, environmental activities is the only service missing from the continuum. Information dissemination and alternatives are the only missing services in Region 2. If any of the non-participating programs provide these services in Regions 1 and 2, then these regions have in fact met their goals.

Table 20. Number of Block Grant Programs Providing Each CSAP Strategy by Region

Strategy	Number of Programs			
	Region 1	Region 2	Region 3	Region 4
Information Dissemination	4	0	9	1
Education	19	28	0	25
Alternatives	3	0	0	1
Problem ID & Referral	N/A	1	N/A	N/A
Community-Based Process	2	1	0	3
Environmental Activities	0	1	1	1
Other	4	4	2	3
Total Number of Programs	32	35	12	34

QUESTION 6: HOW CAN THE STATE IMPROVE THE DELIVERY OF PREVENTION SERVICES AT THE REGIONAL AND STATE LEVEL?

Best Practices

Science-based programming

We attempted to determine the percentage of programs using science-based curricula from the name of the program given in Item 1. As noted earlier, most programs gave general names such as "prevention," that did not describe the curriculum in use. Nevertheless, we found three programs whose names matched a name on the list of model programs posted on CSAP's Web site (http://modelprograms.samhsa.gov). The programs were FAST, life skills training, and the STARS summer program. In addition, we found a Big Brothers/Big Sisters program, which is on CSAP's list of promising programs. We also found a provider implementing "Not on Tobacco", which is a tobacco prevention program recognized by Centers for Disease Control. These results indicate that at least a few providers are implementing science-based programs in Alabama.

Collaboration

Planning jointly with other agencies is one form of collaboration. Table 21 shows the frequency of joint planning among regions and funding streams. Statewide, joint planning occurs frequently among all three funding streams. Over 75% of Block Grant programs participate in joint planning, while 86% of Governor's Grant programs participate in this form of collaboration. Among DARE programs, over 80% plan jointly with other agencies.

At the regional level, joint planning was common with the exception of Block Grant providers in Region 3. Only 42% of the Block Grant programs in this region reported engaging in joint planning. In all other regions and funding streams, over 70% of the programs participate in joint planning.

Table 21. Percent of Programs Participating in Joint Planning With Other Organizations by Region and Funding Stream

Region	Block Grant	Governor's Grant	DARE
Region 1	91	73	78
Region 2	80	94	86
Region 3	42	82	N/A
Region 4	71	100	83
Statewide	76	86	81

Co-sponsoring activities and events is another form of collaboration. This form of collaboration was also quite common, as shown in Table 22. Statewide, over 70% of the programs in each funding stream co-sponsor activities and events with other organizations. There is greater variation at the regional level, however. Block Grant

providers in Region 3 were the least likely to co-sponsor events, with 50% of the programs engaging in this form of collaboration. DARE providers in Region 2 and Governor's Grant providers in Region 4 were the most likely to co-sponsor activities and events. All programs in these funding streams and regions co-sponsor activities or events with other community organizations.

Table 22. Percent of Programs Co-Sponsoring Activities With Other Organizations by Region and Funding Stream

Region	Block Grant	Governor's Grant	DARE
Region 1	91	60	78
Region 2	71	75	100
Region 3	50	76	N/A
Region 4	59	100	67
Statewide	71	75	81

Fewer programs reported sharing funding and staff, as shown in Table 23. At the State level, the percentage of programs sharing funding or staff ranged from 33% among DARE programs to 37% among Governor's Grant programs. At the regional level, an interesting pattern emerges among Block Grant programs. The further south the region, the smaller the percentage of programs sharing funding or staff. No clear geographic pattern emerges among Governor's Grant providers. The percentage of programs sharing funding and staff simply ranges from 29% in Region 3 to 50% in Region 2. Among DARE providers, fewer than 30% of the programs in the two northern regions share funding and staff, compared to one-half of the programs in Region 4.

Table 23. Percent of Programs Sharing Funding or Staff by Region and Funding Stream

Region	Block Grant	Governor's Grant	DARE
Region 1	69	33	22
Region 2	43	50	29
Region 3	8	29	N/A
Region 4	3	33	50
Statewide	35	37	33

Use of data

Table 24 displays frequencies of data utilization in a number of categories. Many Block Grant programs use data extensively for several purposes. Over 90% of these programs use data to meet funding requirements, determine program effectiveness, and contribute to proposals. In addition, over 80% use data for program planning and describing activities and participants. Far fewer programs use the data for other purposes. Approximately 46% of programs use data to report to key stakeholders, while only 23% conduct a formal needs assessment. Similarly, only 19% of the programs use

data for community mobilization. One percent of the programs report using data for another purpose.

A similar pattern among Governor's Grant recipients is apparent. Over 80% of the programs use data for meeting funding requirements, writing proposals, determining effectiveness, and program planning. Using data to describe activities and participants is slightly less common, with 74% of the programs using data for this propose. Other uses of data are less common. Over 40% of the programs use data for needs assessment studies and reporting to key stakeholders. Nearly 35% use data for community mobilization, while only 4% use data for another purpose.

DARE providers tend to use data less frequently than Block Grant and Governor's Grant providers. The only two uses of data reported by more than 75% of programs are writing proposals and determining program effectiveness. The percentages for the remaining uses of data are all below 50. It is also interesting to note that DARE providers use data the least frequently of all funding streams in all categories except needs assessment. Approximately 48% of DARE programs report conducting formal needs assessment studies, while 44% of Governor's Grant programs and 23% of Block Grant programs use data for this purpose.

Table 24. Percent of Programs Using Data for Each Purpose by Funding Stream

Practice	Block Grant	Governor's Grant	DARE Grant
Meeting funding requirements	95	86	48
Determining program effectiveness	95	86	76
Grant or contract proposals	94	88	81
Program planning	88	86	43
Describing activities and participants	84	74	43
Reporting to key stakeholders	46	42	14
Formal "needs assessment" study	23	44	48
Community mobilization	19	35	10
Another purpose	1	4	10

Tables S-1 through S-4 in Appendix S present information on data utilization for each region. The tables reveal substantial differences between regions, even within the same funding stream. There are a few parallels between the State and regional results, however. One parallel is the overall tendency in the Block Grant and Governor's Grant funding streams for fewer programs to use data in reporting to key stakeholders, conducting needs assessments, and community mobilization. Another parallel is that very few programs report using data for purposes not listed in the questionnaire, with the exception of Governor's Grant programs in Region 2. A third parallel is the tendency for DARE programs to use data less frequently than other programs, although there are a number of exceptions. As with the State results, the most noteworthy exception is needs assessments. The use of data for needs assessments is more common among DARE programs than Block Grant programs among all regions. Needs assessments are

almost equally common among DARE and Governor's Grant programs in Regions 1 and 4, although they are more common among Governor's Grant programs in Region 2.

Barriers

Individual barriers

Figures 10, 11, and 12 present data on barriers for Block Grant, Governor's Grant, and DARE programs, respectively. Each figure contains a stacked bar graph. The total length of each bar is proportionate to the percentage of programs reporting that the corresponding barrier was minor, moderate, or significant. Each bar is divided into segments. The length of the lightest gray segment is proportionate to the percentage of programs reporting the associated barrier was minor. The length of the segment shown in a slightly darker shade of gray shows the percentage of programs reporting the barrier was moderate, while the darkest gray segment depicts the percentage of programming citing the barrier was significant.

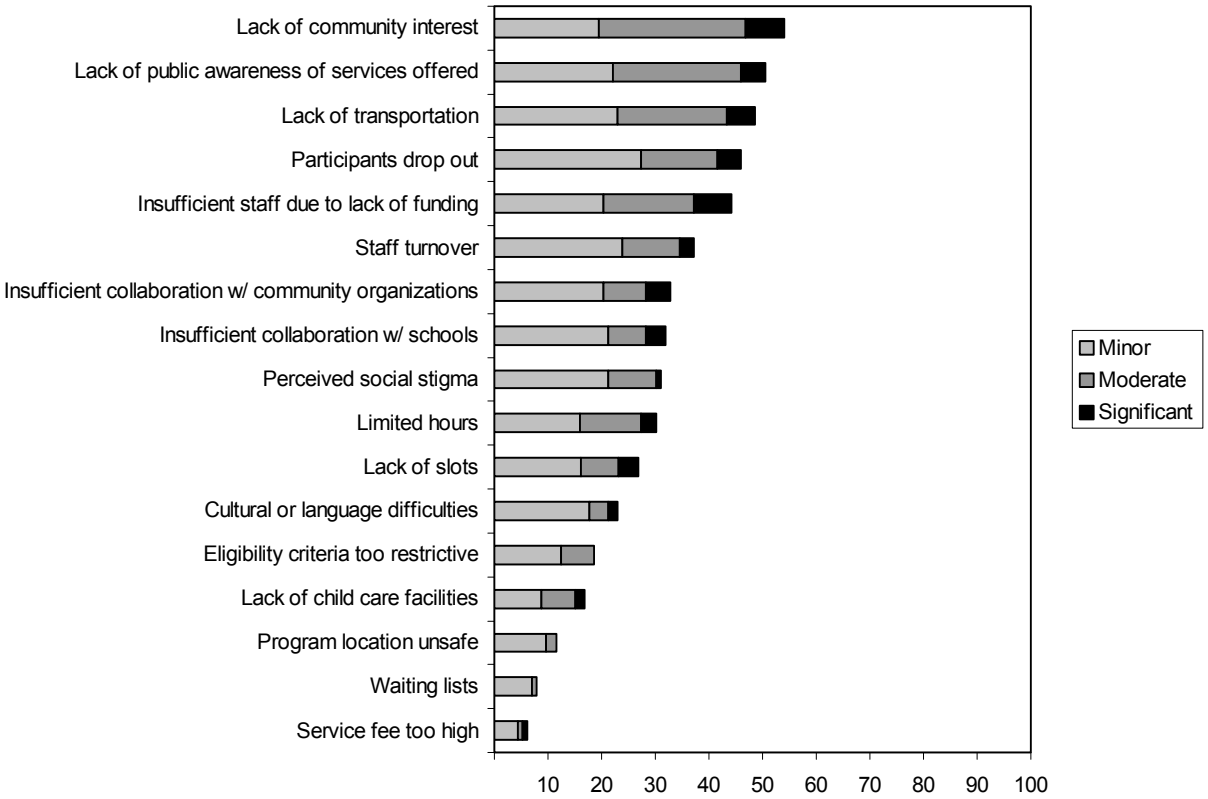

Figure 10. Barriers Among Block Grant Programs

A glance at Figure 10 above reveals that the most common barriers were lack of community interest and lack of public awareness. Over 50% of the programs reported experiencing each of these barriers. Another common barrier was lack of transportation, which was reported by approximately 49% of programs. Participant drop out was a barrier for many programs in the State. Approximately 46% of programs reported

experiencing this barrier. Staffing issues were also common. Approximately 44% cited insufficient staff due to a lack of funding, while 37% reported that staff turnover was a barrier. At the other end of the spectrum, high service fees and waiting lists were the least frequently encountered barriers. Only 8% of Block Grant programs reported that waiting lists were a problem, while 6% experienced a problem with service fees.

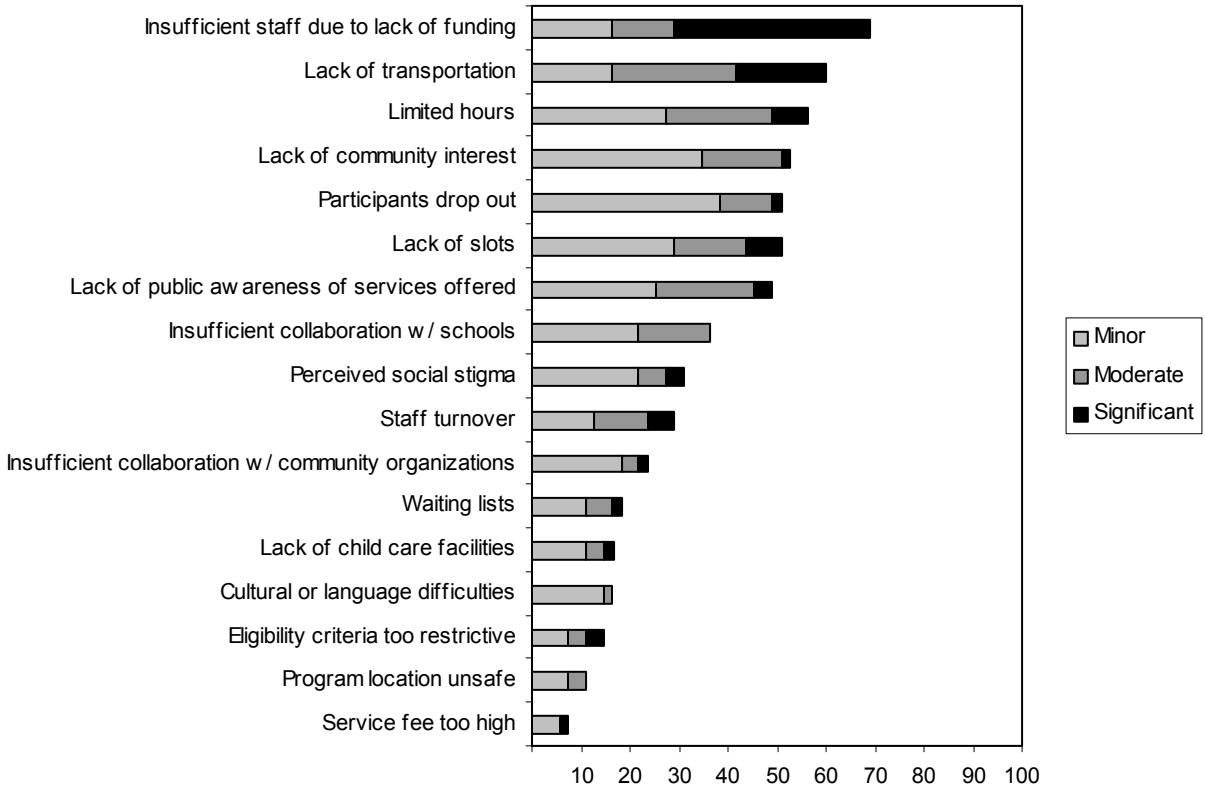

Figure 11. Barriers Among Governor's Grant Programs

Figure 11 displays the barriers for Governor's Grant programs. Respondents in this funding stream also appear to experience a number of barriers. The most common barrier was insufficient staff due to a lack of funding. Approximately 69% of the programs reported experiencing this barrier, and over 40% cited this barrier as significant. Limited hours and a lack of transportation were also common. Between 56% and 60% programs reported experiencing these barriers. A lack of slots was also problematic for many programs, with 51% of programs experiencing this barrier. Barriers related to participation were also common. Approximately 53% of programs reported a lack of community interest, while participant dropout was a barrier in 51% of programs. Almost as many programs, 49%, reported that a lack of public awareness of services was a barrier. The least common barriers were unsafe program locations and high service fees. Less than 12% of programs reported experiencing these barriers.

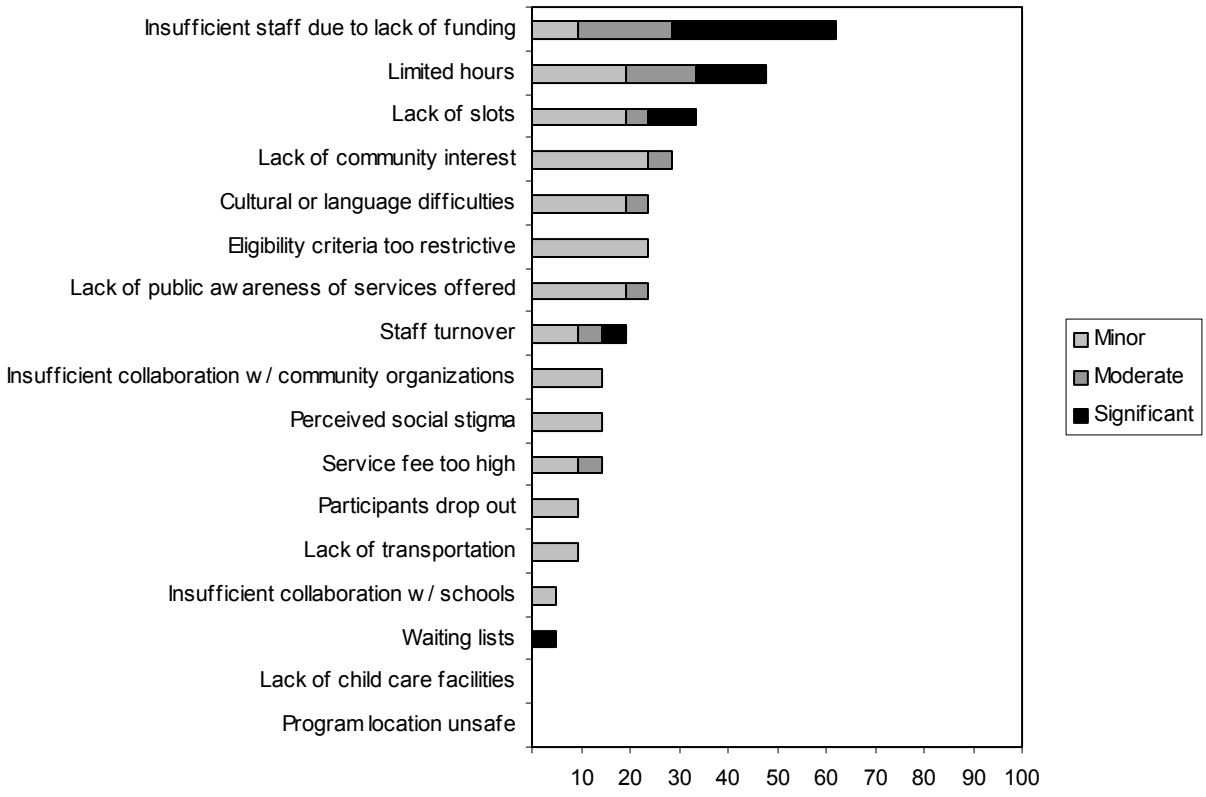

Figure 12. Barriers Among DARE Programs

Barriers reported by DARE programs appear in Figure 12. The most widespread barrier was insufficient staff due to a lack of funding. Over 60% of the respondents from DARE programs encountered this challenge. The next two most common barriers were limited hours and a lack of slots. Limited hours were problematic for 48% of DARE programs, while a lack of slots created a barrier for 33% of the programs. The two least common barriers were unsafe program location and lack of childcare facilities. None of the DARE programs reported encountering these two barriers.

Figures T-1 through T-11 in Appendix T present graphs of barriers at the regional level. There is a separate bar chart for each region and funding stream. Figures T-1, T-4, T-7, and T-9 display the results for Block Grant programs. The most common barriers in each region relate to one of several themes. Limited participation is an important theme. Participant dropout is one aspect of limited participation and is one of the three most common barriers in Regions 3 and 4. Lack of community interest can result in limited participation, making it another aspect of this theme. A lack of interest in the community is one of the three most common barriers in Regions 1, 3, and 4. Limited participation can also stem from a lack of public awareness, which is one of the top three barriers in Regions 1 and 3. Another theme is lack of transportation. This barrier was one of the three most common barriers in Regions 1, 2, and 4. Staff issues were a third theme. Insufficient staff due to a lack of funding was one of the more common barriers in Regions 2 and 3.

The frequency of barriers among Governor's Grant programs is shown in Figures T-2, T-5, T-8, and T-10. There were many ties in the rankings of the most common barriers. However, many common barriers correspond to a few overall categories. One category is a lack of funding. In Regions 1, 2, and 4, insufficient staff and limited hours were among the most common barriers. In Region 3, insufficient staff is the most common barrier, but limited hours were far less common. A lack of slots was also one of the more common barriers in Region 4. Another category is lack of transportation. This barrier was among the most frequent barriers in all regions. A third category is limited participation. A lack of community interest was among the most common barriers in Regions 1, 3, and 4, while a lack of public awareness was common in Regions 2, 3, and 4. Participant drop out was among the most common barriers in Regions 1, 3, and 4.

Figure T-3, T-6, and T-11 display regional data on barriers reported by DARE programs. A key result is that insufficient staff and limited hours were two of the three most common barriers in each region. Another noteworthy result is the large number of ties among barriers, resulting in many other barriers ranking among the top three in individual regions.

Average number of barriers

Table 25 shows the average number of barriers reported by programs in each funding stream and region. The last row in the table displays the results by funding stream for the State as a whole. The average number of barriers showed only a little variation by funding stream. Governor's Grant programs in the State reported an average of six barriers, while Block Grant programs reported five. The average number of barriers reported by DARE programs was three.

The second column in Table 25 shows the regional results for Block Grant programs. Programs in Region 1 had the highest average among Block Grant programs and reported an average of eight barriers. Programs in Region 2 reported an average of three barriers, while programs Regions 3 and 4 reported five barriers on average.

The regional data on Governor's Grant programs, shown in the third column of Table 25, have no variation. All four regions reported an average of six barriers. There is only slightly more variation among the data for DARE programs, as shown in the last column of the table. The highest number of barriers on average is four and occurs in Regions 1 and 4. Region 2 had the lowest number of barriers on average, only two.

Table 25. Average Number of Barriers per Program by Region and Funding Stream

Region	Block Grant	Governor's Grant	DARE
Region 1	8	6	4
Region 2	3	6	2
Region 3	5	6	N/A
Region 4	5	6	4
Statewide	5	6	3

CONCLUSIONS

QUESTION 1: WHAT TYPES OF PREVENTION PROGRAMS AND SERVICES DOES EACH COUNTY PROVIDE?

Program Name
Block Grant, Governor's Grant and DARE programs

The Block Grant data on program names are not very informative. Most of the Block Grant program names fell into the "prevention services" category and did not provide any indication of the services provided by the programs. The majority of programs containing the specific project or curriculum in the names do not appear to be named after packaged programs. One agency referred to four of its programs as "The Connection", perhaps to indicate that The Connection is an umbrella program delivering various services and subprograms. In contrast, over one-third of Governor's Grant programs are named after a specific project or curriculum. Among these programs, only six have similar names. Four programs are named "Smart Moves", a curriculum in use at the Boys' and Girls' Clubs. The other two programs are named "PASS" and "Pass, the Noble Idea", but it is unclear whether these programs share similar curricula. Virtually all DARE program names contain the word DARE.

Recommendations

The State may wish to consider transforming this item into a series of questions in future studies. The first question should ask for the name that the respondent's agency uses to refer to the program, while follow-up questions will determine the name of the curriculum upon which the program is based. These questions will allow the State to more easily determine which programs are delivering standardized curricula.

Services Provided
Block Grant programs

Block Grant programs provide a variety of services throughout the State. The most popular service is life skills/social skills training for youth, which is offered by almost 80% of the programs. Approximately 60% of programs provide information dissemination, making it the second most popular service. Parent/family management training and media campaigns are the third most popular services but are offered by a smaller percentage of programs, only 30%.

The service categories are examined at the regional level. In all four regions, youth-based services are the most available, followed by community-based services. There is a moderate number of programs offering family services, and fewer programs have school-based services.

Governor's Grant programs

Governor's Grant programs offer a wide range of services. Statewide, life skills and social skills training for youth is the most widely offered service. Over 87% of Governor's Grant programs in the State provide this service. Information dissemination follows life skills and social skills training with 80% of the programs providing this service. Mentoring and parenting/family mangement training are two other readily available services; each is provided by over 67% of the programs.

At the regional level, youth services are universally available from Governor's Grant programs. Community-focused and school-oriented services are also common. Family-focused services vary in popularity and range from 67% in Region 1 to 89% in Region 4.

DARE programs

The DARE programs also provide a variety of services. Similar to the other programs, the most accessible service is life skills and social skills training, which is offered by approximately 90% of all DARE programs. Programs that enforce school policies that discourage substance abuse comprise approximately 86% of all programs. Between 71% and 81% of all DARE programs offer these services: information dissemination, media campaigns and classroom organization.

There were no participating DARE programs in Region 3. In the remaining regions, all DARE programs offer youth services. Over 82% of programs in these regions offer both school-oriented and community services. Family-focused services are the least common in these regions, being offered by only 50% or fewer programs.

Recommendations

Life skills/social skills training for youth and information dissemination are widely offered within each funding stream, while parenting/family management training is a popular service among Block Grant and Governor's Grant programs. Since these services are so widely offered, the recommendation is that planners at both the State and local levels coordinate services to ensure that these services do not overlap. The resources freed from the overlap could be applied to services that are still needed or to target populations that are underserved.

Life skills and social skills training, information dissemination and parenting/family management are mainstays of prevention; it is not surprising to find them among the most common services. However, there are a number of other prevention services that providers should consider. A major recommendation is that Block Grant providers engage in activities that focus on community change. Services such as community mobilization, community capacity building, and working to develop and enforce effective laws and policies are of critical importance. These services can increase public awareness, mobilize the local community, and make the community environment less conducive to substance use.

Another recommendation is that Block Grant providers consider programs focused on school organization. There are several science-based programs that reduce both substance use and anti-social behavior, such as the "Olweus Bullying Prevention Program". These programs could be especially valuable additions to the continuum of services in areas where the more typical prevention programs based on classroom instruction are already in place.

A final recommendation concerns the CRA questionnaire itself. Since life skills and social skills training is such a popular category, the State may wish to add a question to determine which life skill or social skill the program strives to teach. This question may help planners to uncover additional gaps and redundancies in services.

Primary Service

Block Grant programs

Slightly over one-half of Block Grant programs reported that life skills and social skills training was their primary service. The second most common services were "other services" and parenting/family management training, with a respective 17% and 11.5% of the programs offering one of these as the primary service. There are 15 services categories that are not reported as a primary service. The categories include three school services, three community-based services, one family service and eight youth-based services. Regional results were highly similar, with life skills/social skills training, "other services", and parenting/family management training among the most popular services in each region.

Governor's Grant programs

The life skills and social skills training category is reported as a primary service for approximately 24% of the Governor's Grant programs. The primary service categories that closely follow the life skills and social skills training are "other services" and tutoring services, with approximately 19% and 17% of the programs, respectively. There were 18 services that are not reported as primary services by the Governor's Grant programs: five youth-based, four community-based, three family-oriented, and six involving school change.

Life skills and social skills training is the highest ranked primary service in all regions. In Regions 2 and 3, this service category shares this position with "other services." Life skills and social skills training shares the top rank with tutoring in Region 1 and parenting/family management training in Region 4.

DARE programs

Similar to the other funding streams, life skills and social skills training is the most common primary service for approximately 52% DARE programs. Classroom organization and management and "other services' tied for the second most highest ranked service, with approximately 14% of programs focusing on one of these services. Drug-free activities, facilitating organizational change in schools, developing school

polices, and enforcing community laws were the third most popular services. Each of these services is a primary service for nearly 5% of the DARE programs. The remaining services are not reported as a primary service in any DARE program.

The primary service data among DARE programs varies by region. Life skills and social skills training is the most popular primary service in all regions. The second place categories are "other services" in Region 1 and classroom organization and management in Region 2. Region 4 has a tie for second place primary services between developing school policies and classroom organization and management.

Recommendations

As noted earlier, life skills and social skills training is a key aspect of prevention, and it is appropriate for it to be one of the more popular services. However, since three funding streams focus on this service, redundancy is of concern. A recommendation for funding streams is to coordinate services to reduce any overlap in primary services. Block Grant and Governor's Grant programs could then use the resulting resources to expand services that are proven effective but are not offered in their area. In addition, it is recommended that Block Grant and Governor's Grant programs cease to offer primary services that are not proven effective on their own, such as drug free activities and supervised after-school recreation. These activities need not be eliminated, but should be combined with and support effective primary services, such as life skills and social skills training.

QUESTION 2: WHAT GOALS DO PROGRAMS TARGET?

Block Grant Programs

The most popular goal among Block Grant programs was to improve social skills. At the State level, 78% of Block Grant programs focused on this goal. Strengthening perceptions about the harmful effects of ATOD use and strengthening attitudes against ATOD use were the next two most popular goals. Approximately 74% of programs worked to strengthen perceptions, while 73% reported focusing on strengthening attitudes. Preventing or delaying the first use of ATOD was also a common goal, with 65% of programs focusing on it. Improving anti-social behavior was also a common objective. Approximately 60% of programs seek to prevent anti-social behavior, while 59% seek to strengthen attitudes against anti-social behavior. Less than 51% of Block Grant programs in the State focused on the remaining goals. At the regional level, the percentage of programs focusing on each goal varied from region to region but the relative rankings of goals were similar.

Governor's Grant Programs

The results for Governor's Grant programs are similar to those for Block Grant programs. The most common goal was to improve social skills; 77% of Governor's Grant programs reported this was a main focus. Strengthening perceptions about the harmful effects of ATOD use and strengthening attitudes against ATOD use tied for second place. Approximately 73% of the programs reported focusing on each goal.

Preventing or delaying the first use of ATOD was also very popular and was a main focus for 70% of programs. The remaining goals were a main focus for less than 64% of programs in the State. The most popular goals in the State also tended to be the most popular goals in each region, although the percentage of programs focusing on each goal varied from region to region.

DARE Programs

The three most popular goals among DARE programs were to strengthen perceptions about the harmful effects of ATOD use, to strengthen attitudes against substance use, and to prevent or delay the use of substances. Each goal was a main focus for 95% of the programs. Approximately 90% of the programs focused on reducing involvement in drug using peer groups, making it the second most popular goal. Strengthening attitudes against anti-social behavior ranked third but was less popular. Approximately 76% of DARE programs reported that it was a main focus. These goals were also among the top ranked goals in each of the State's four regions.

Recommendations

The goals most frequently endorsed by providers are key elements of most substance abuse prevention programs, and their popularity is therefore appropriate. However, results from the Alabama Student Survey (Kellerman et al., 2003) suggest there are two additional goals that Block Grant programs should target. The student survey found that perceived access to substances and community laws and norms favorable to use were strong predictors of youth substance use. However, few programs reported focusing on goals that address these issues, such as reducing youth access to substances; developing community laws that restrict substance use; working towards clear policies regarding substance use; and strengthening community norms, laws, and attitudes against ATOD use. We strongly recommend Block Grant providers increase the number of activities related to these goals. Collaborating with community coalitions and other community organizations is one of the best methods of addressing these community-oriented goals.

Governor's Grant programs tend to focus most heavily on goals in the peer and individual domain. Since the Governor's Grant program is intended to serve high-risk youth, these goals are appropriate. However, there is the possibility that services in some areas are redundant with those provided by Block Grant programs because Block Grant programs tend to focus on many of the same goals. Our recommendation is that Governor's Grant programs coordinate with local Block Grant programs to eliminate this possibility. At the State level, funding agencies of the two grants may wish to coordinate the overall aims of each funding stream. For example, Governor's Grant programs could specialize in improving student commitment to education, while Block Grant programs could specialize in strengthening attitudes against substance use.

DARE is a standardized program, and we would expect that programs would consistently endorse a small set of goals. Although nearly all programs focused on the three most popular goals, some programs also focused on other goals. This result suggests that providers either differ on their perceptions of DARE's secondary goals or

are adapting the curriculum. Since the current curriculum of DARE has not been shown to be effective, it is difficult to gauge the effects of either adaptations or differing perceptions of goals. We recommend that providers who implement DARE conduct a local evaluation to determine whether their program has any effect.

Currently, a new version of DARE is being tested at the national level. Should programs adopt the new curriculum when it becomes available, we recommend program staff attend any related training sessions. These training sessions will help staff learn the goals of the program and understand how to deliver the curriculum most effectively. We also recommend program staff discuss any potential adaptations to the new curriculum with the national program developers.

QUESTION 3: HOW MANY PEOPLE DO THE PROGRAMS SERVE?

Block Grant Programs

Program sizes among Block Grant providers vary markedly. At the State level, the smallest program reports serving 15 participants, while the largest program reports 16,660 participants served. Similar wide ranges are observed in each region. Region 3 reports the lowest range. The smallest program served 250 participants, and the largest program served 1,312. In Region 4, the largest range was observed. The number of participants ranged from 16 to 16,660.

The median program size can provide a sense of the number of large and small programs. At the median observation, one-half of the programs are larger than the median number of participants and one-half are smaller. The median program size at the State level was 624 participants. At the regional level, the median program size ranged from 298 participants in Region 1 to 757 in Region 4.

Governor's Grant Programs

A wide range of program sizes is observed for Governor's Grant programs. Statewide, the smallest program serves 17 participants, while the largest program reports serving 214,855 people. This large program is an outlier and indicated on the questionnaire that it was reporting the number of people exposed to services rather than the number of participants. The next largest program reported serving 26,000 people. The median program size, 320 participants, is far smaller.

Regional results showed some variation. Programs in Region 1 reported the smallest range in program size. The range was 26 to 3,698 participants. The widest range in program size appeared in Region 3 and was identical to the range Statewide (17 to 214, 855, with the next largest program serving 26,000 people). The median program size ranged from 248 in Region 2 to 452 participants in Region 3.

DARE Programs
Statewide, the smallest DARE program serves 112 participants compared to the largest serving 22,949 participants. In Region 2, the widest range in size was observed, with 112 participants in the smallest program and 22,949 in the largest program. Region 4 had the narrowest range, 455 to 2,630 participants. The median program size in the State was 726 participants. There was little regional variation in the median, which ranged from 700 in Region 1 to 735 in Region 4.

Recommendations
There is a surprisingly high number of programs with large participation numbers. This phenomenon could have several causes. One possible cause is that programs in Alabama can serve large numbers of participants with available funding. Another possible cause is that respondents reported the number of people exposed to their services rather than the number of people who have actually participated. It is also possible that respondents simply overestimated the number of people served. We recommend further study on this topic. Understanding why programs are reporting such large numbers of participants will help State planners determine whether program sizes are optimal.

QUESTION 4: WHAT POPULATIONS DO THE PROGRAMS SERVE?

Special Populations
Block Grant programs

Block Grant programs throughout the State targeted school-based populations the most frequently. Approximately 58% of the programs reported that middle-school students were the primary population. Elementary school students, high school students, and students at risk of dropping out of school were the next most common target populations. Between 44% and 45% of Block Grant programs worked with these populations. Programs targeting delinquent/violent youth and economically disadvantaged youth were almost as common. Each group was a primary population for 40% of Block Grant programs. Parents and families were the next most common primary populations, with 29% of programs considering them primary populations. The remaining populations were primary populations for 22% or less of Block Grant programs in the State. At the regional level, the percentage of programs varied a great deal, although the most common target populations in the State tended to be the most common target populations in each region.

Governor's Grant programs

Middle/junior high school students were the most common population, with 79% of programs targeting this group. A high percentage of programs, 70%, worked with students at risk of dropping out of school, making this group the second most common target population. High school students, economically disadvantaged youth, and elementary school students were also common target populations. Each was a target population for over 64% of programs. Parents/families were almost as common and

were targeted by 60% of programs. These populations also tended to be common target populations in each region as well, although their rankings varied substantially among regions.

DARE programs

Elementary school students are the most frequently targeted population in the State. Approximately 95% of all DARE programs work with this population. The second most frequently targeted population is middle school students, who are a primary population for 76% of DARE programs. High school students comprise the third most common target population. Approximately 48% of DARE programs in the State work with high school students. These three populations are among the three most common populations in each region, except in Region 1 where high school students are not among the top three.

Recommendations

The purpose of the Governor's Grant is to serve high-risk youth, and Governor's Grant programs reported focusing on these populations. DARE programs also appear to target populations appropriate to their grants, such as students, school personnel, and law enforcement. Our recommendation for these two funding streams therefore pertains not to the appropriateness of target populations but to the potential for overlap. Since students are the most common primary population in all three funding streams, it is possible that multiple programs are providing similar services to the same target population in a local area. We therefore recommend that planners and providers in all three funding streams coordinate with each other to eliminate any overlap in programming for school-aged populations. For example, Governor's Grant and Block Grant programs could select programs intended for older students or programs that address issues not included in DARE's curriculum.

In contrast to the Governor's Grant and DARE grant, Block Grant funds can be used for all populations. However, there is an emphasis at the Federal level on economically disadvantaged populations with few resources for prevention. The results from this study suggest that Block Grant programs may underserve these populations. Only 18% of programs reported that rural or isolated populations were primary populations, while a mere 9% targeted urban or inner city populations. A larger percentage, 40%, targeted economically disadvantaged youth, but only 16% reported that economically disadvantaged adults were a primary population. We recommend State and local planners consider increasing the number of programs targeting these populations.

Many other populations in need appear to be overlooked by most Block Grant programs. College students and pre-school students are two of the larger populations served by only a handful of programs. Only a few programs also target a number of smaller populations. These populations include but are not limited to coalitions, business and industry, homeless/runaway youth, and migrant workers. Some of these populations may also be appropriate for Governor's Grant programs. We therefore

recommend that State and local planners from both funding streams perform a joint review of local demographic statistics and needs assessment data. The review process would determine which populations are present and need services in the area. Planners would then create a plan to provide services to each population in need without expending valuable resources on overlapping services.

On a final note, we recommend that planners in all three funding streams select programs that are appropriate for and effective with their target population. The Western Center for the Application of Prevention Technologies (CAPT) maintains a tool on its Web site that matches science-based programs with the appropriate target populations. The Web address for this site is http://casat.unr.edu/westcapt/bestpractices/search.php.

Gender

Block Grant programs

Most Block Grant programs in Alabama are co-educational. Statewide, approximately 70% reported mixed gender programs. The next largest programs serve mostly females, accounting for 15% of the total Block Grant programs. A smaller percentage of programs serve mostly males, approximately 6%. Programs serving males only or females only account each for only 5% of Block Grant programs. Regions 2 and 4 have the highest concentration of programs serving primarily one gender – between 36% and 37%.

Governor's Grant programs

A large majority of Governor's Grant programs, over 89%, can be categorized as mixed gender. Approximately 7% serve mostly females, 2% serve mostly males, and 2% serve males only. There are no programs that have services for only females. In Region 1, 7% of the programs focus on one gender. Between 11% and 13% of the programs serve primarily one gender in Regions 2, 3, and 4.

DARE programs

All DARE programs in the State and each region served both males and females. There were no programs where either gender accounted for over 74% of participants. This finding is likely a result of DARE's target population, which is youth in school.

Recommendations

The results for participant gender are not surprising, since most prevention programs are designed for both males and females. Some programs, such as those for pregnant women, will be most relevant to one gender. A recommendation is that Block Grant and Governor's Grant programs continue to use gender-specific programs where appropriate. DARE programs should continue to offer the program in co-educational settings. An exception would be private schools that wish to participate in DARE but

have only male or female students. Private schools interested in DARE should contact national program developers to discuss how to deliver DARE their school setting.

Age

Programs with participants in each age group

Block Grant

Block Grant programs appear to begin to work with children as they enter elementary school. Only 5% of the programs work with children under the age of four. Approximately 52% of the programs work with children in the age range of 5 to 11. A sizable 66% of programs serve youth ages 12 to 14, and 60% serve ages 15 to 17. Between 30% and 42% of the programs serve each of the adult age groups. Only 17% of the programs report serving the elderly, those ages 65 and older.

A very similar pattern was observed in each region, although the percentage of programs serving each age group varies markedly among regions. A noteworthy exception to the pattern occurs in Region 2. In other regions, the elderly are relatively underserved, but 31% of the programs in Region 2 have elderly participants.

Governor's Grant

The Governor's Grant Programs have similar results to those of the Block Grant programs. Approximately 24% of the programs serve children under age five. In contrast, 80% of the programs that serve the children 5 to 11, 89% serve youth ages 12 to 14, and 80% serve those ages 15 to 17. Only 47% of the programs work with young adults (ages 18 to 20) and 13% provide services for the elderly. Between 27% and 36% of the programs serve participants in each group for ages 21 through 64. At the regional level, the percentage of programs serving each age group varies, but the overall pattern is similar. Youth aged 5 to 17 are the most frequently served age groups in each region.

DARE

The DARE programs focus on school-aged youth. All DARE programs serve participants ages 5 to 11, while 76% work with youth aged 12 to 14. The majority of programs, approximately 57%, also work with youth aged 15 to 17. A smaller percentage of programs, approximately 14%, work with the children under age five. Less than 20% of DARE programs serve each adult age group. Only 5% of programs offer services to the elderly. A similar pattern was observed in each region.

Recommendations

The age distribution among Governor's Grant and DARE programs seems reasonable, since these funding streams are directed at youth. Block Grant funds can be used for participants of all ages, and two age groups appear to be underserved by these providers. Only 5% of Block Grant programs Statewide serve pre-school aged children, and only 17% serve the elderly. Both populations have prevention needs and are at risk for developing substance use problems. Pre-school aged children are at risk for developing these problems later in life, while the risk among the elderly is more

immediate. In addition, some elderly persons may be caretakers for children who could be at risk. In light of these risks, a recommendation is to expand the continuum of services to include the children under age five and the elderly. Science-based programs have been designed especially for young children. To meet the needs of the elderly, programs should increase outreach efforts to this group and include them in programs for adults. It may also be necessary to adapt programs or design special programs to meet the specific needs of this population.

Programs that focus on particular age groups

Block Grant

The majority of Block Grant programs serve youth in a variety of age groups. There are some programs, however, that focus on one age group. A total of 20% of programs Statewide focused on one of the age groups for youth aged 5 to 17. Approximately 10% of Block Grant programs focused on ages 5 and 11, 3% focused on age 12 to 14 years old, and 7% focused on youth aged 15 to 17. In addition, 1% of programs reported that the majority of their participants were ages 18 to 20, while 6% served primarily adults aged 25 to 44. There were no programs with a majority of participants in the remaining age categories.

Results in Regions 1 and 4 followed the pattern found at the State level. In Region 2, a major difference between regional and State results was that only 9% of programs focused on one of the age groups for youth aged 5 to 17, compared to 20% in the State. In Region 3, the most striking contrast with State results is that 30% of programs focused on one of the age group. These programs are comprised entirely of youth ages 5 to 11 (20%) and 15 to 17 (10%).

Governor's Grant

Governor's Grant programs tend to serve a variety of age groups, although there are a few programs focusing on youth of a particular age. Approximately 7% of the programs reported that a majority of participants are in the 5 to 11 age bracket. Only 2% of programs had a majority of participants aged 12 to 14, and 4% of programs reported that youth aged 15 to 17 were the majority. No other age groups formed a majority. At the regional level, there are small groups of programs focusing on youth in Regions 1, 2, and 3. No age groups formed a majority among programs in Region 4.

DARE

Among DARE programs, the only age category with a majority of participants was 5 to 11. Statewide, approximately 33% of DARE programs reported that most or all of their participants belonged to this age group. All regional averages for this age group were within 5% of the State average, with one exception. In Region 1, 22% of the programs serve mostly 5 to 11 year old children, contrasted with 14% at the State level.

Recommendations

Governor's Grant and DARE funds are directed towards youth, and it is therefore appropriate that youth groups form the only majorities among all programs. Block Grant

funds can be used to serve people of all ages. Among Block Grant programs, there are some programs focusing on specific youth groups and a few that serve specific groups of adults. This outcome is not surprising because most prevention programs are designed either for youth only or for multiple age groups (e.g. children and their parents). Thus, no need is seen for additional programs that focus on one age group, with the exception of the elderly. Some members of this age group may have prevention needs that would not be addressed in a program designed for adults in general. It is recommended that State and local planners consider prevention programs designed to meet the needs of the elderly.

Ethnicity

Programs with participants of each ethnicity

Block Grant

Almost all Block Grant programs worked with participants from Alabama's two main ethnic groups, African-Americans and whites. Approximately 98% of the programs serve African-American and 94% serve white participants. Fewer programs reported working with participants in Alabama's smaller ethnic groups. Approximately, 32% of programs had Hispanic/Latino participants, while 10% had Native American participants, and 8% had Asian participants. There were no programs with Native Hawaiians or Pacific Islanders.

There is a small amount of regional variability for African-American participants ranging from 94% in Region 1 to 100% in the remaining regions. The range for white participants is wider – from 83% in Region 2 to 100% in Regions 1 and 3. For the Hispanic/Latino population, the percentage of programs serving this group ranges from 11% of programs in Region 2 to 53% in Region 1. The percentage of programs reporting Asian participants ranges from 0% in Region 2 to 27% in Region 3, while the range for Native Americans is 0% in Regions 2 and 3 to 23% in Region 1)

Governor's Grant

The Governor's Grant data are similar to the Block Grant data. There is a 2% difference between the two funding streams for African-American participants. The percentage of programs with white participants is 83, approximately 11% less than the Block Grant data. The percentage of programs serving each ethnicity decreases as follows: Hispanics/Latinos, Asians, Native Americans, and Native Hawaiians or Pacific Islanders.

Region 3 has the smallest amount of programs serving white participants, 63%. In contrast, the largest percentage of programs occurs in Regions 1 and 2, where 93% of programs had white participants. All programs in Regions 2, 3, and 4 reported having African-American participants, while only 87% of the programs had this population in Region 1. The percentage of programs serving Hispanics/Latinos ranges from 20 in Region 3 to 53 in Region 1. The range for Native Americans is 0% (Regions 1 and 3) to 29% (Region 4). The percentage of programs serving Asian participants was highest in Region 2, where 20% served this group and lowest in Region 3, where no programs

served this group. The only region with programs serving Native Hawaiians/Pacific Islanders was Region 4, where 14% of programs had participants of this ethnicity.

DARE

The DARE programs draw a diverse group of participants. A full 100% of programs had both African-American and white participants. Approximately 56% of DARE programs worked with Hispanic/Latino participants, and 38% had Native American participants. In addition, 25% of programs reported working with Asian participants, while 13% reported serving Native Hawaiians or Pacific Islanders.

At the regional level, there is a large amount of variation in the percentage of programs serving each group, but the overall pattern is similar in each region. All programs in each region serve both African-Americans and whites, while fewer serve the remaining ethnic groups.

Recommendations

The DARE programs appear to be fairly diverse, while Block Grant and Governor's Grant programs tend to serve the State's smaller ethnic groups (Hispanic/Latinos, Native Americans, Asians, Hawaiians, and Pacific Islanders) less frequently. These results could reflect the small size of these ethnic groups or could indicate that the groups are underserved. It is recommended that local planners examine the ethnic makeup of their programs and compare it to the ethnic makeup of the area they serve. If certain groups appear to be underserved, programs should perform additional outreach and needs assessment among these ethnic groups to understand how they can better meet their prevention needs.

Programs focusing on one ethnicity

Block Grant

A sizable portion of programs, approximately 55%, reported that either whites or African-American participants formed the majority. Most of these programs served mostly one group. Approximately 18% of the programs have mostly white participants, while 30% have mostly African-American participants. There were no programs in the State where any other ethnic group holds a majority.

The regional results displayed noteworthy differences in the percentage of programs focusing on one ethnic group. The percentage of programs serving mostly or only whites ranged from 6% in Region 2 to 32% in Region 1. The percentage of programs serving mostly or only African-Americans ranged from 13% in Region 1 to 71% in Region 2. There were no programs in any of the regions serving mostly or only participants from other ethnic groups.

Governor's Grant

The Governor's Grant programs appear to be more ethnically concentrated. Statewide, 62% of these programs reported that either whites or African-Americans accounted for the majority of their participants. Among these programs, 19% reported that *most* of

their participants were white. Approximately 28% of programs reported that *most* of their participants were African-American, while 15% reported that *all* participants were African-American.

At the regional level, the percentage of programs serving mostly whites ranged from 6% in Region 3 to 40% in Region 1. There were no programs serving only whites. The percentage of programs serving mostly or only African-Americans ranged from 20% in Region 1 to 56% in Region 3. There were no programs in any of the regions serving mostly or only participants from other ethnic groups.

DARE

The only ethnic group to form a majority is the white ethnicity. Statewide, 56% of programs report that most of their participants are white, although none reports that all of their participants are white. The remaining ethnicities do not hold a majority in any of the DARE programs.

Regional results are very similar. Approximately 43% of programs in Region 1 reported that most of their participants were white, while the percentage of programs with mostly white participants was 67% in Regions 2 and 4. No program in any region serves a majority from any other ethnic group.

Recommendations

Many programs in the State report having either a white or an African-American ethnic majority. It is recommended that State planners, local planners, providers, advocacy groups, and community members evaluate whether this result best meets the needs of Alabama's citizens. In some cases, programs designed for specific ethnic groups may best serve the needs of the group. For example, there is a version of Kumpfer's Strengthening Families program specifically designed for French-Canadians. In other cases, diverse programs may be more appropriate.

QUESTION 5: HAS THE STATE MET ITS STRATEGIC GOALS FOR PREVENTION SERVICE DELIVERY?

Block Grant Programs

The data from participating programs showed that some regions met certain Block Grant goals for the fiscal year 2000. Goal 1 (ten family strengthening programs per region) was met by participating programs in all regions except Region 3. The second goal, to provide twenty high-risk adolescent education programs per region, was not met in any region. Region 2 was the closest to meeting the goal and had 19 programs. Goal 3 was to provide ten high-risk adolescent alternative programs. Participating programs in Region 1 met this goal, while participating programs in Region 2 were only one program short of meeting the goal. The fourth goal was to provide a continuum of services in each region. The CRA questionnaire does not assess whether problem identification and referral is provided, but it does assess the popularity of all other services in the continuum. For these other services, participating programs in Region 4 met the State's goal, and participating programs in Regions 1 and 2 came very close.

Environmental activities were the only service missing from the continuum in Region 1, while information dissemination and alternative activities were the only missing services in Region 2.

This study can inform planners which goals were met among Block Grant programs participating in this study. As discussed in a previous section, some Block Grant programs did not participate in the study due to non-response issues and problems with the initial sample frame. These non-participating programs likely contribute to each of the State's goals. It is therefore possible that goals that were not met among participating programs were met through a combination of participating and non-participating programs. Further study of non-participating programs is required to determine whether this is the case.

Recommendations

Our chief recommendation concerns the issue of non-participating programs. Goals that were not met among participating programs may have been met by a combination of participating and non-participating programs. We recommend the State study the services provided by non-participating programs to determine whether these goals were met. The State may also wish to investigate which programs offer problem identification and referral, which was not adequately assessed by this study.

Based on the data from participating programs, several additional recommendations regarding participating programs can be made. First, we recommend that planners focus their attention on the quality of programs related to all goals. Planners should work with program providers to ensure programs are proven effective and appropriate for the local population. Second, we recommend the State reconsider Goal 3, which was to provide at least ten alternative programs in each region to high-risk youth. Since alternative strategies are not considered effective on their own, we recommend changing this goal to combine alternative activities with other effective strategies such as life skills training or environmental strategies.

There are several recommendations pertaining to Goal 4, which was to provide a continuum of services. A major recommendation is to provide more environmental strategies and community-based processes. Only a few primary services fell into these categories, yet these community-oriented activities are vital to Alabama's prevention efforts. These strategies mobilize communities and help reduce barriers such as lack of public awareness and lack of community interest. In addition, they can reduce environmental risk factors such as access to substances and community laws and norms favorable to substance use. We highly recommend that programs collaborate with coalitions and other community groups to increase the delivery of community-based processes and environmental strategies.

Another key recommendation pertains to alternative activities. We recommend the State remove alternative activities from its continuum of services and focus on combining alternative activities with other effective strategies such as education. The data from this study suggests that this change may already be taking place at the grassroots level.

Many programs reported providing alternative activities, but few reported alternative activities as the primary service.

A third recommendation relevant to Goal 4 concerns information dissemination. This service can reach a wide audience, giving rise to the possibility of overlap among programs. In regions where multiple programs provide this service, we recommend coordination among programs to ensure that programs reach audiences throughout the region without providing redundant information.

A minor recommendation pertains to education. Educational programs account for the majority of services in each region. We see no need for change in this area, since education is a cornerstone of prevention. However, we recommend State planners subcategorize educational services and make each category a part of the services continuum. This step would ensure that the continuum spans all risk factors, protective factors, and content areas.

Our final recommendation is further investigation of programs offering problem identification and referral. The questionnaire for this study does not explicitly ask about this service category, and it is difficult to discern how many programs offer it. If the State wishes to determine whether this service is available in each region, further study is necessary.

QUESTION 6: HOW CAN THE STATE IMPROVE THE DELIVERY OF PREVENTION SERVICES AT THE REGIONAL AND STATE LEVEL?

Best Practices
Science-based programming

Block Grant, Governor's Grant, and DARE
DARE is currently not considered a science-based program, although a science-based version has been developed and is being tested. Among Block Grant and Governor's grant programs it was difficult to discern the overall popularity of science-based programs, since many programs had general names that did not describe the curriculum in use (e.g. youth council). There were several programs in both funding streams named after science-based curricula however, which suggests that science-based programs are known in the State.

Recommendations
Programs in all funding streams should select the most effective programs available. We recommend DARE programs adopt the science-based curriculum when it becomes available. We also recommend that Block Grant and Governor's Grant programs select evidence-based programs whenever they are appropriate for the local population. Lists of science-based programs are available on the Western CAPT's Web site at http://casat.unr.edu/westcapt/bestpractices/search.php.

Collaboration

Block Grant

In general, Block Grant providers worked collaboratively with other organizations. Statewide, approximately 76% of programs participated in joint planning with other groups, and 71% co-sponsored activities. Sharing funding or staff was less common but still practiced by 35% of Block Grant providers in the State.

Collaboration varied widely from region to region. Joint planning was very common in all regions except Region 3. Over 70% of programs in Regions 1, 2, and 4 engaged in joint planning, while 42% of programs in Region 3 planned jointly. Co-sponsoring activities was a popular form of collaboration in Regions 1 and 2. More than 70% of programs in these regions co-sponsored activities or events. This form of collaboration was less popular in Regions 3 and 4. Approximately 59% of programs in Region 4 co-sponsored activities or events, while only 50% of programs in Region 3 collaborated in this manner. Sharing funding or staff was the least common form of collaboration in each region. In Region 1, 69% of programs shared funding or staff. Approximately 43% of programs in Region 2 shared funding or staff, and less than 10% of programs in Regions 3 and 4 engaged in this form of collaboration.

Governor's Grant

Governor's Grant programs frequently collaborated with other organizations. Statewide, 86% of Governor's Grant programs participated in joint planning. Approximately 75% of the programs co-sponsored activities with other groups. Fewer programs, 37%, shared funding or staff with other programs. At the regional level, over 72% of programs in each region reported engaging in joint planning. Over 74% of programs co-sponsored activities, except in Region 1. Approximately 60% of programs co-sponsored activities in this region. The percentage of programs sharing funding or staff was less than 51% in all regions.

DARE

DARE programs frequently collaborated on joint planning and co-sponsoring activities. At the State level, 81% of DARE programs participated in joint planning, and 81% co-sponsored activities. Sharing funding or staff was less common, with 33% of DARE programs engaging in this form of collaboration. Regional results were similar. The percentage of programs engaging in joint planning and co-sponsoring activities was 67% or higher in all regions. Less than 30% of programs shared funding or staff in Regions 1 and 2, while 50% engaged in this form of collaboration in Region 4.

Recommendations

A major recommendation concerns sharing funding or staff with other programs. This form of collaboration can help alleviate shortages in staff due to a lack of funding, which was a frequently cited barrier throughout the State. Sharing funding or staff was relatively rare, with the exception of Block Grant programs in Region 1, Governor's Grant programs in Region 2, and DARE programs in Region 4. We recommend that programs seriously consider this form of collaboration.

We also recommend that programs that do not currently engage in joint planning and co-sponsoring activities consider doing so. These activities allow programs to benefit from the knowledge and skills of other agencies and can strengthen ties with the community. This recommendation is especially applicable to Block Grant providers in Region 3, where relatively few programs collaborated with other organizations.

Use of data

Block Grant

Among Block Grant programs, some uses of data were more common. Approximately 95% of all Block Grant programs used data either to meet funding requirements or to determine program effectiveness. Approximately 94% of all Block Grant programs used data to support grant or contract proposals. Between 84% and 88% of programs used data for program planning, describing activities and participants, or both purposes. Slightly less than one-half of programs in the State used data to report to key stakeholders, approximately 46%. Few providers, between 19% and 23%, reported using data for formal needs assessment or community mobilization. Only 1% of programs in the State used data for another purpose.

Regional results followed a very similar pattern. Over 80% of programs in each region used data to meet funding requirements, support grant or contract proposals, plan programs and determine program effectiveness. Using data to describe activities and participants was also common. The percentage of programs using data for this purpose ranged from 71% of programs in Region 4 to 100% in Region 3. Regional results for reporting to key stakeholders were more variable. Approximately 77% of programs in Region 2 and 53% of programs in Region 1 used data in reports to key stakeholders. In contrast, 33% of programs in Region 3 and 12% of programs in Region 4 used data for this purpose. Community mobilization and needs assessment were less common throughout the State, with less than 35% of programs in each region using data for this purpose. The only programs using data for another purpose were found in Region 1, where approximately 3% of programs used data in other ways.

Governor's Grant

The vast majority of Governor's Grant programs, between 86% and 88%, used data to meet funding requirements, support grant or contract proposals, determine program effectiveness, and plan programs. Describing activities and participants was another common use of data, implemented by 74% of Governor's Grant programs in the State. Far fewer programs used data to conduct a formal needs assessment study or to report to key stakeholders. Approximately 44% of programs used data for needs assessments, and only 42% used data when reporting to key stakeholders. Community mobilization was also less common, with only 35% of programs using data for this purpose. The least common use of data was for purposes not listed above. Only 4% of Governor's Grant programs report using their data for some other purpose. The percentage of programs using data for each purpose varied at the regional level but the overall pattern was the same. Reporting to key stakeholders, needs assessment, and community

mobilization were the least common uses of data within each region, along with the "other" category.

DARE

Similar to Block Grant and Governor's Grant programs, DARE programs used data for some purposes more frequently than others. The most popular uses were supporting grant or contract proposals and determining program effectiveness. Statewide, between 76% and 81% of DARE programs used data for each of these purposes. The second most popular forms of data utilization were formal needs assessments, meeting funding requirements, program planning, and describing activities and participants. Between 43% and 48% of programs used data for each of these purposes. Far fewer programs, approximately 14%, used data for reporting to key stakeholders, while only 10% used data for community mobilization or for another purpose.

Regional results varied. In each region, over 66% of programs used data to determine program effectiveness or to support grant or contract proposals. Between 29% and 67% of programs in each region used data to meet funding requirements. Similarly, between 29% and 50% of programs in each region used data for program planning, needs assessment, and describing activities and participants. Less than 23% of programs reported using data for reporting to key stakeholders, community mobilization, and other purposes.

Recommendations

We recommend that programs make full use of available data. DARE programs tend to underutilize data in general, with the exceptions of supporting proposals and determining program effectiveness. Among Governor's Grant and Block Grant programs, three purposes tend to be underutilized: reporting to key stakeholders, formal needs assessments, and community mobilization. Programs in each region tended to use data less frequently for these purposes, but there are clear benefits from each use of data. Reporting data to key stakeholders can help garner support for programs, while needs assessments help planners determine and plan for local prevention needs. Using data in community mobilization efforts can raise awareness, inspire communities to act, and highlight progress. Community mobilization is especially important in Alabama, since programs frequently reported related barriers, such as a lack of community interest and a lack of public awareness of services offered.

Barriers

Individual barriers

Block Grant

Block Grant programs reported a variety of barriers. Two of the most common barriers in the State were lack of community interest and lack of public awareness of services offered. Each was a barrier for more than 50% of Block Grant programs. Lack of transportation, participant drop out, and insufficient staff due to a lack of funding were almost as common and were reported by over 40% of programs. Staff turnover was also common, with 37% of programs experiencing it. High service fees and waiting lists

were the least frequently encountered barriers and were experienced by less than 10% of programs.

At the regional level, the percentage of programs experiencing each barrier varied widely, but some themes did emerge. Limited participation was one theme, while a lack of transportation was another key theme. Staff issues were a third theme that was prevalent in several regions.

Governor's Grant

Among Governor's Grant providers, insufficient staff due to lack of funding was the most common barrier, with 68% of programs Statewide experiencing this barrier. Limited hours, a lack of transportation, and a lack of slots were also common. More than 50% of programs experienced these barriers. Barriers related to participation were slightly less common. Between 49% and 53% of programs reported experiencing a lack of community interest, participant drop out and a lack of public awareness. All other barriers were experienced by 32% or fewer programs Statewide. At the regional level, many of the most common barriers corresponded to a few categories. The categories were a lack of funding, a lack of transportation, and limited participation.

DARE

The three most common barriers for DARE programs relate to funding. Statewide, 60% of DARE programs reported that insufficient staff due to lack of funding was a barrier. The second most common barrier was limited hours, which was reported by 48% of DARE programs. A lack of slots was a barrier for 33% of the programs and was the third most common barrier. The two least common barriers were unsafe program location and lack of childcare facilities. No DARE programs reported these barriers.

At the regional level, the percentage of programs reporting each barrier varied and there were many ties among barriers, making regional comparisons difficult. However, some similarities between regions did emerge. The most important similarity was that insufficient staff due to a lack of funding and limited hours were among the three most common barriers in each region.

Recommendations

Programs in all three funding streams face a number of barriers. Some barriers are common Statewide while others are unique to each region. We recommend State planners focus on reducing the most common barriers Statewide. Local planners can then address barriers unique to their region. Among Block Grant programs, provider rapport with the community appears to be an important issue. Lack of community interest and lack of public awareness of services were among the top barriers in the State, suggesting a need for publicity and other community mobilization efforts. State planners can assist these efforts through training and technical assistance. In addition, several relevant training modules are available through one of CSAP's Web sites (http://p2001.health.org/). State agencies can also encourage local programs to focus on these issues by incorporating a plan to address barriers into the grant application process.

Lack of transportation was a common barrier for both Governor's Grant and Block Grant programs. There is a need for planners and programs to work together to develop creative solutions to this problem (e.g. encouraging participant car pools). State agencies can also reduce this barrier by incorporating transportation planning into the grant application process and allowing programs to allocate funds towards transportation.

Governor's Grant and DARE programs frequently cited a lack of slots and limited hours as barriers. This result was surprising in light of the large median program sizes reported by these programs. We recommend that the State agencies funding these programs help programs find creative ways of stretching their funding dollars, such as collaborating with other community organizations.

A final recommendation pertains to insufficient staff due to a lack of funding. This barrier was very common among Governor's Grant and DARE providers, and was experienced by many Block Grant programs as well. Current budget cuts in the State will make this barrier challenging to resolve, but it should be addressed. We therefore recommend State and local planners work together to develop creative methods of attracting and retaining staff.

Average number of barriers

Block Grant

Block Grant programs in the State reported an average of 5 barriers out of a total of 17 possible barriers. At the regional level, the average number of barriers ranged from three to eight. Programs in Region 1 reported an average of eight barriers, while programs in Region 2 reported an average of three. In Regions 3 and 4, the average number of barriers was five.

Governor's Grant

Among Governor's Grant programs, the average number of barriers Statewide was six. There was no regional variation. The average number of barriers was six in Regions 1, 2, 3, and 4.

DARE

Statewide, DARE providers reported an average of three barriers. At the regional level, the average ranged from two to four. Programs in Region 1 and 4 experienced an average of four barriers, while programs in Region 2 experienced an average of two.

Recommendations

Programs in all three funding streams face multiple barriers. This finding highlights the need for State and local planners to work with programs to overcome these barriers. We recommend State planners address the barriers that are most common throughout the State, while local planners attend to barriers specific to their area.

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APPENDIX A

STUDY INSTRUMENT

Figure 1. Cover Page

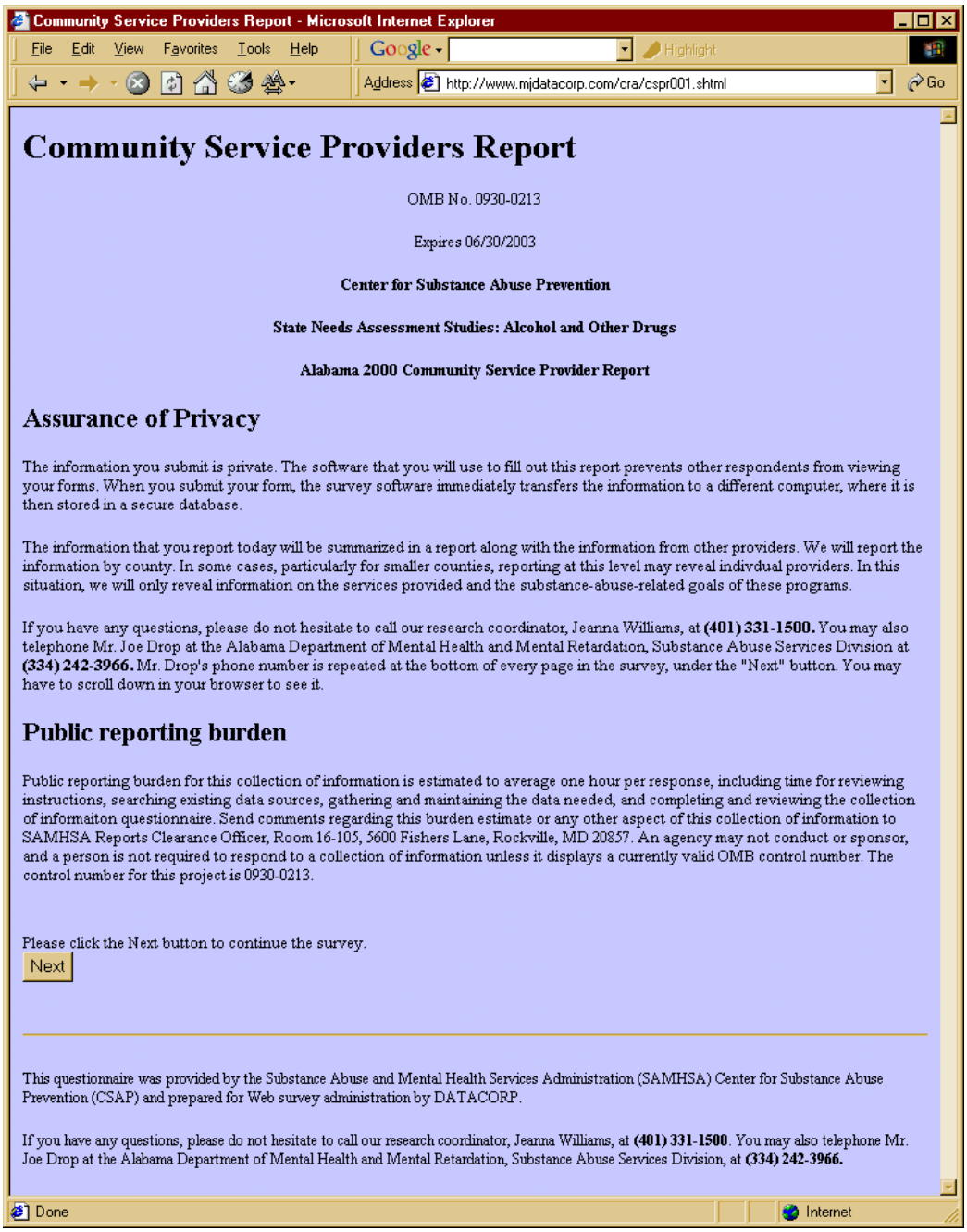


Figure 2. Title Page

Figure 3. Introduction

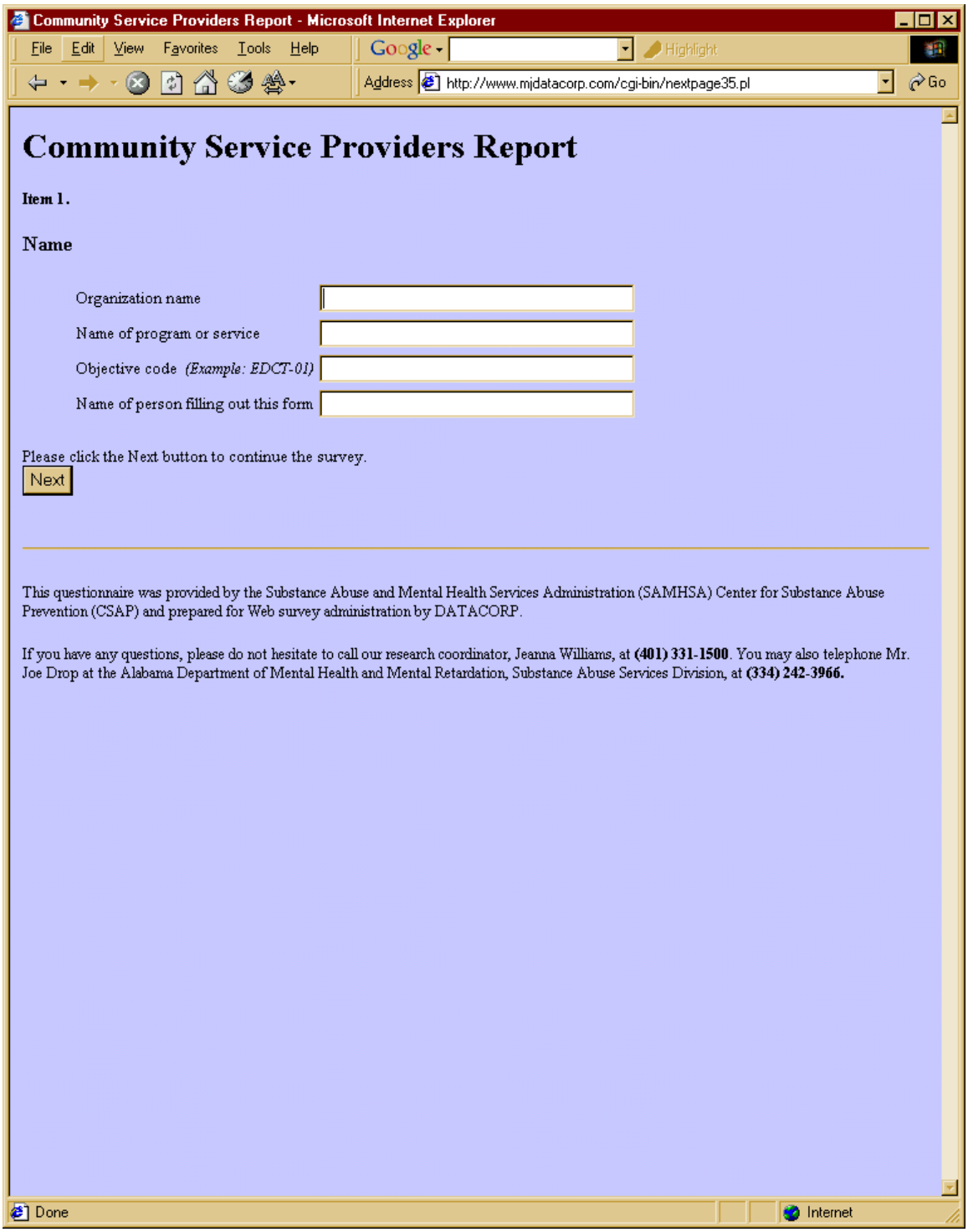


Figure 4. Item 1

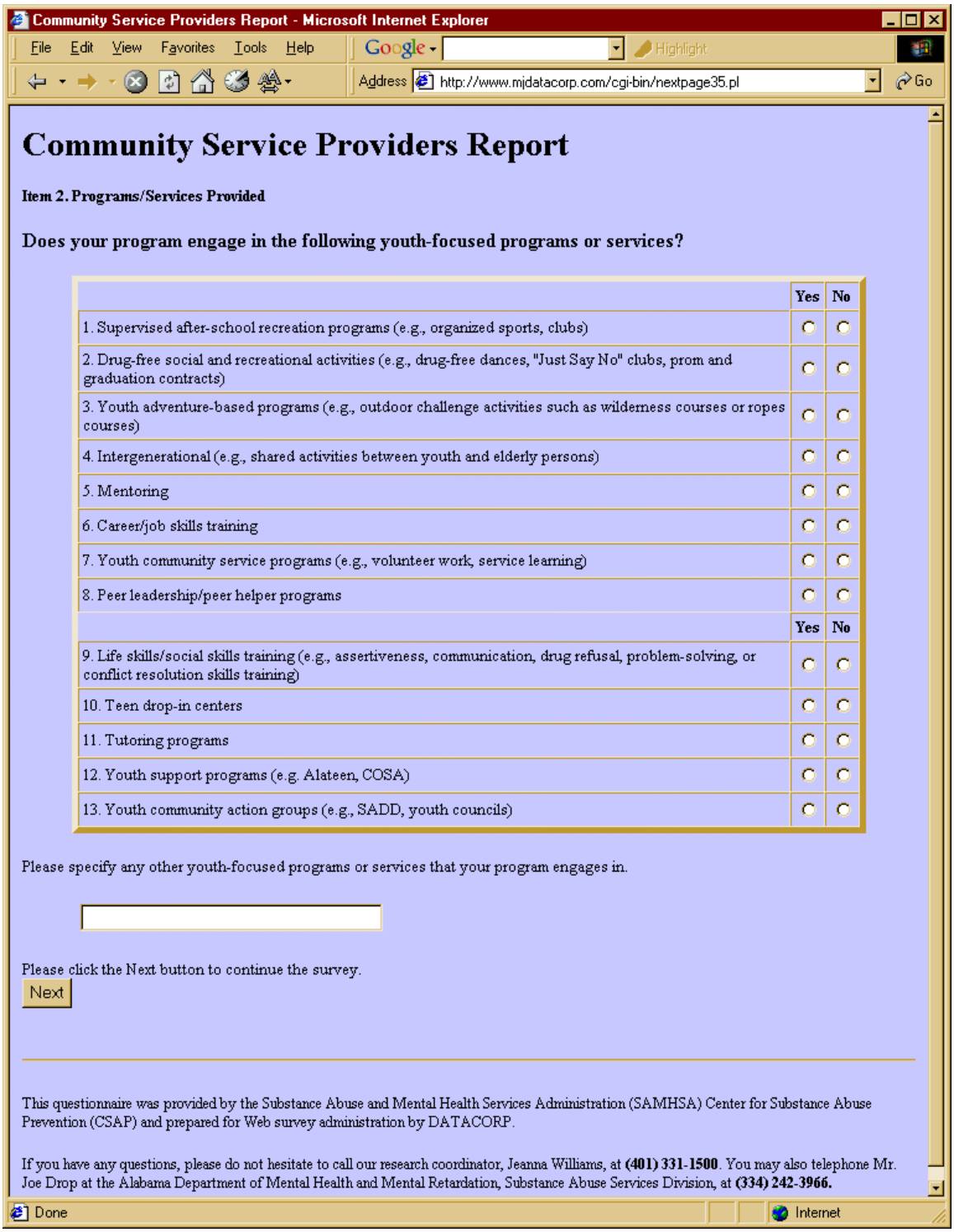
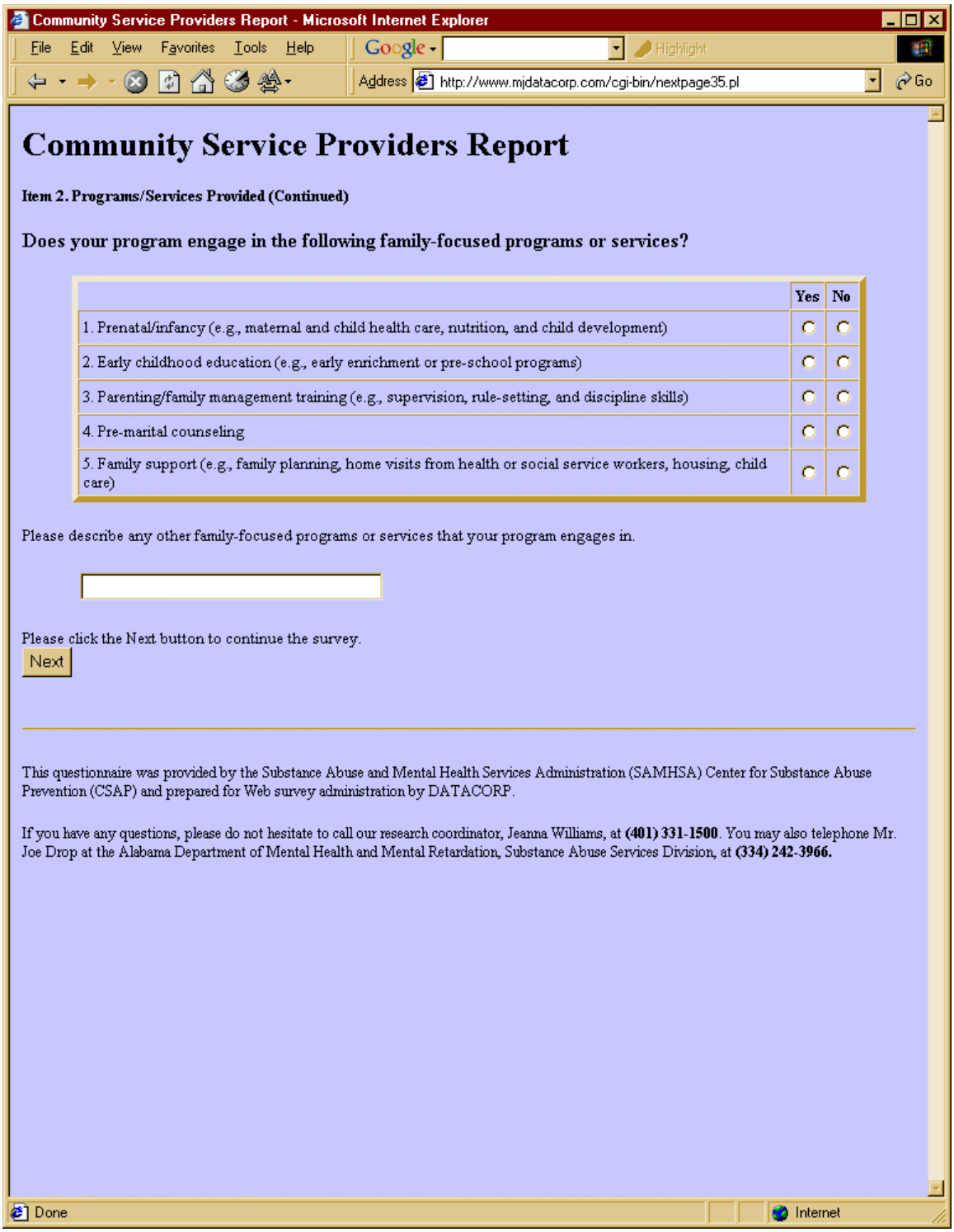


Figure 5. Item 2 (Youth-focused)



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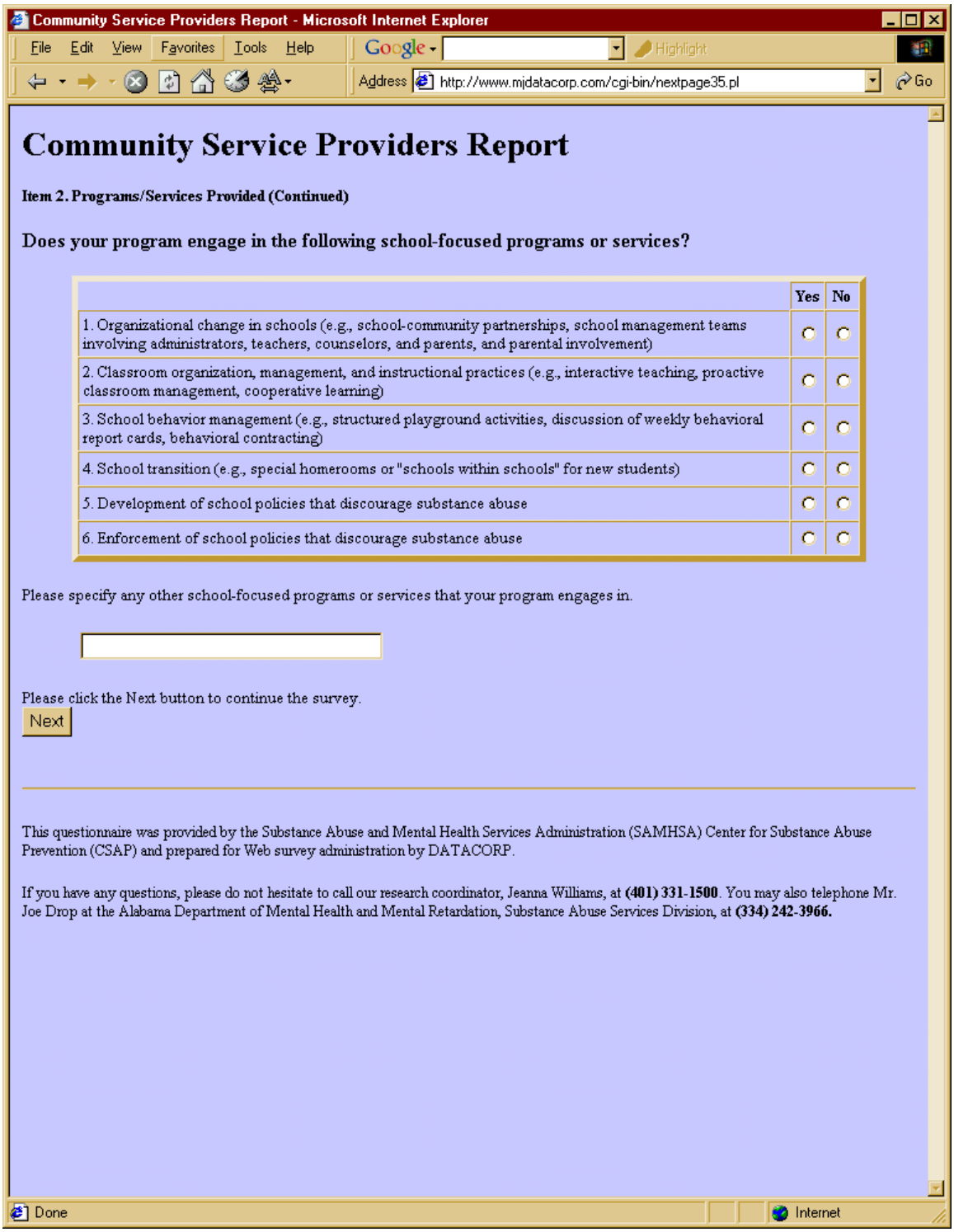

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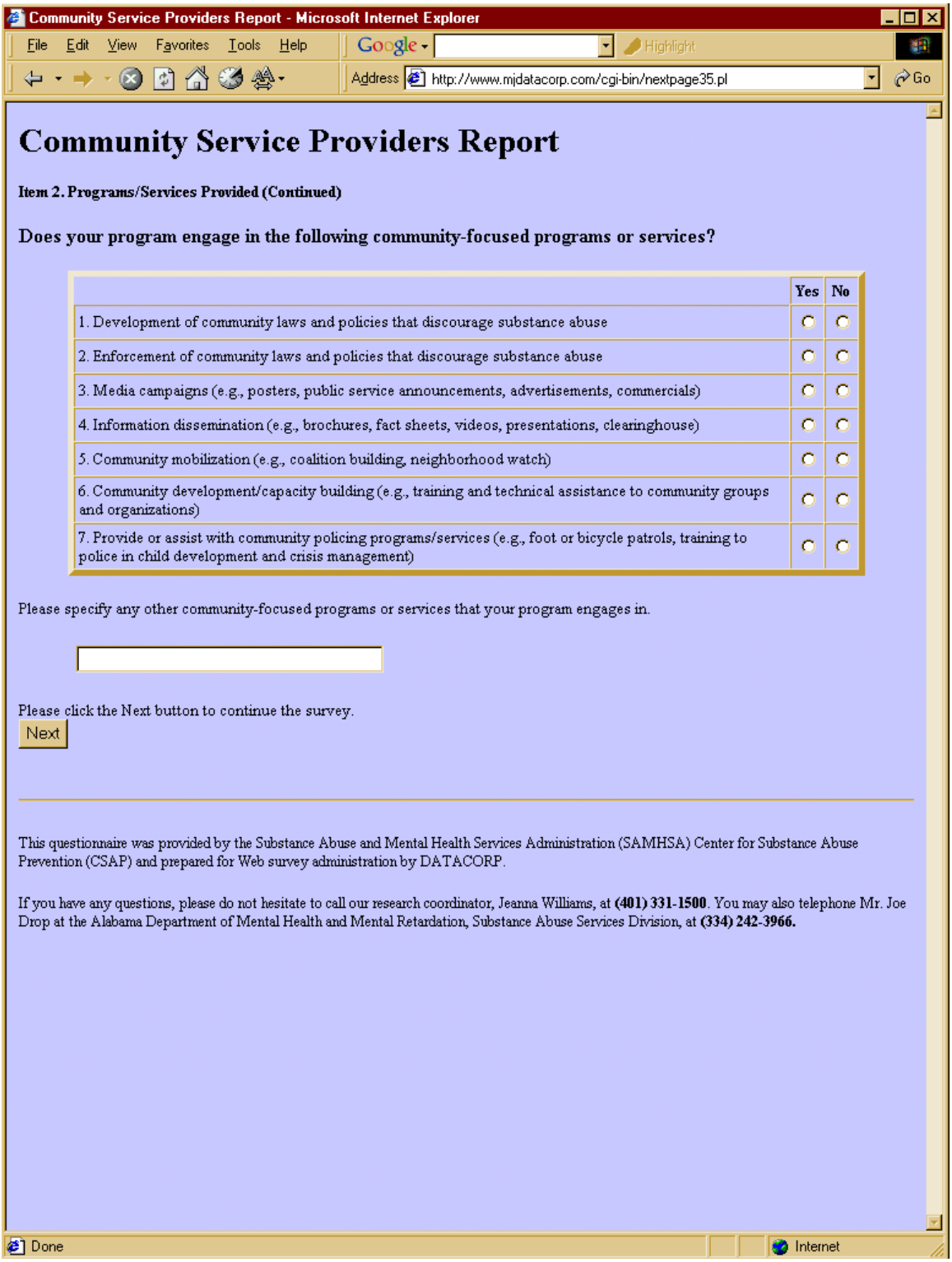
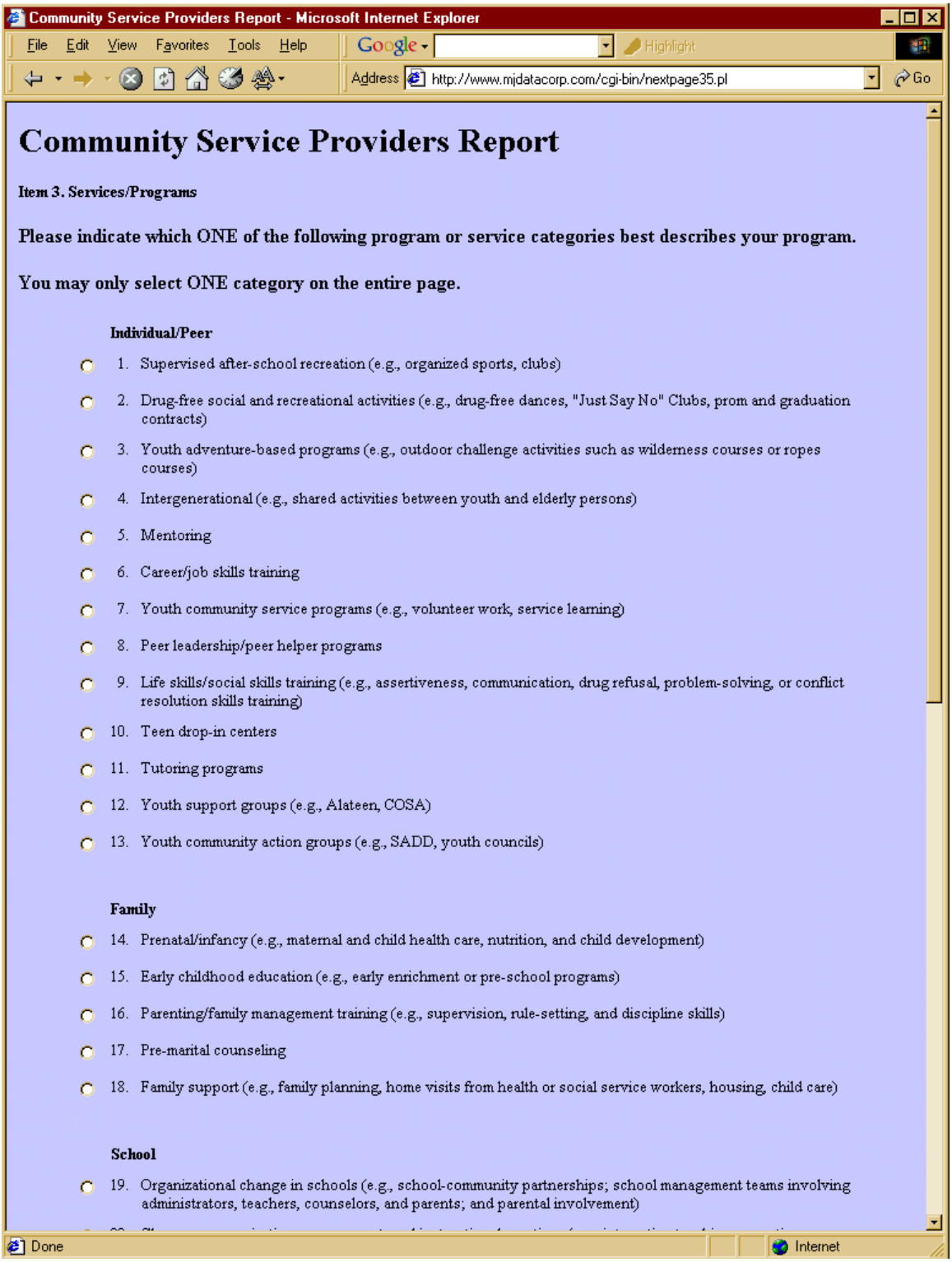


Figure 8. Item 2 (Community-focused)



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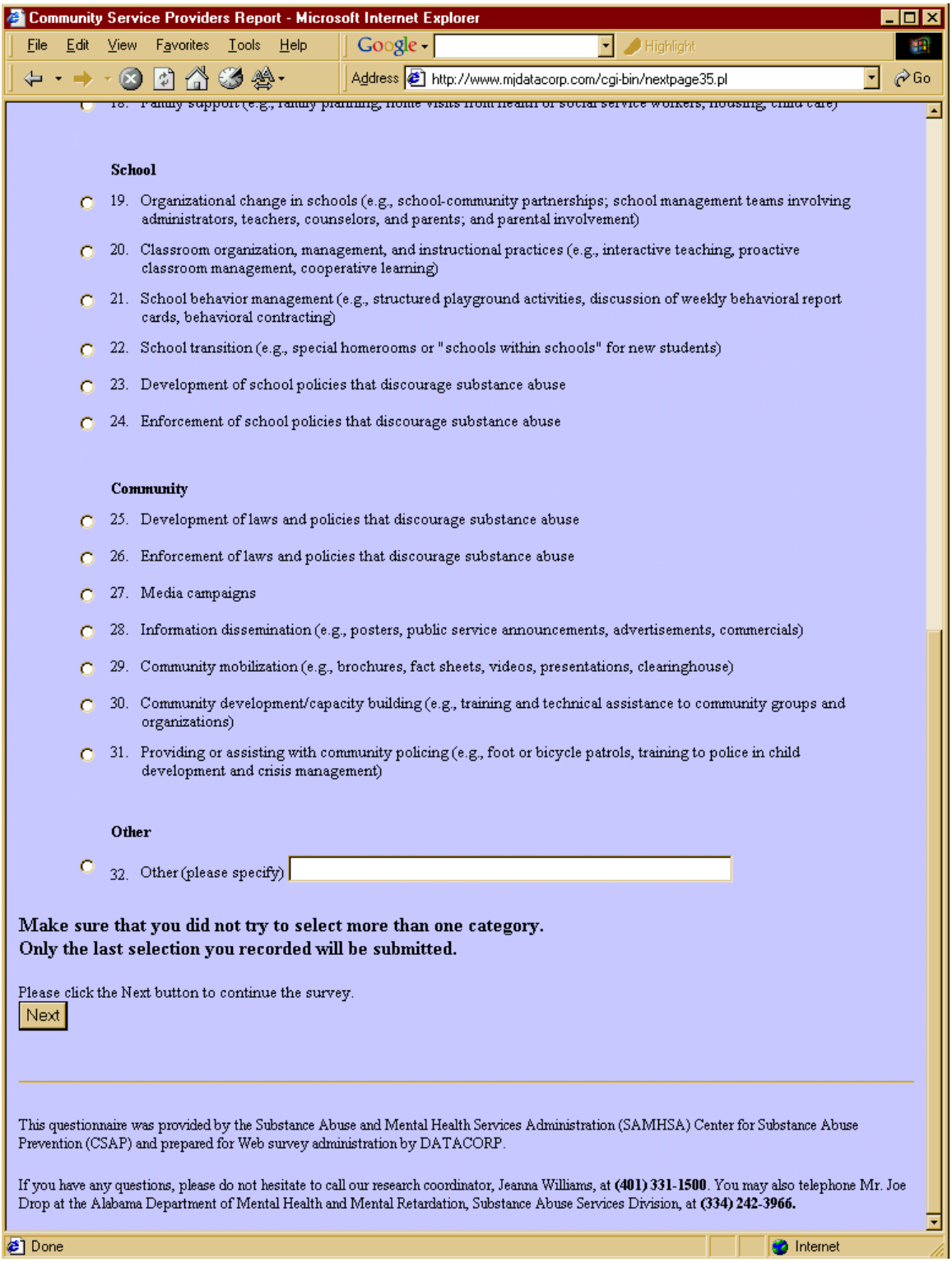
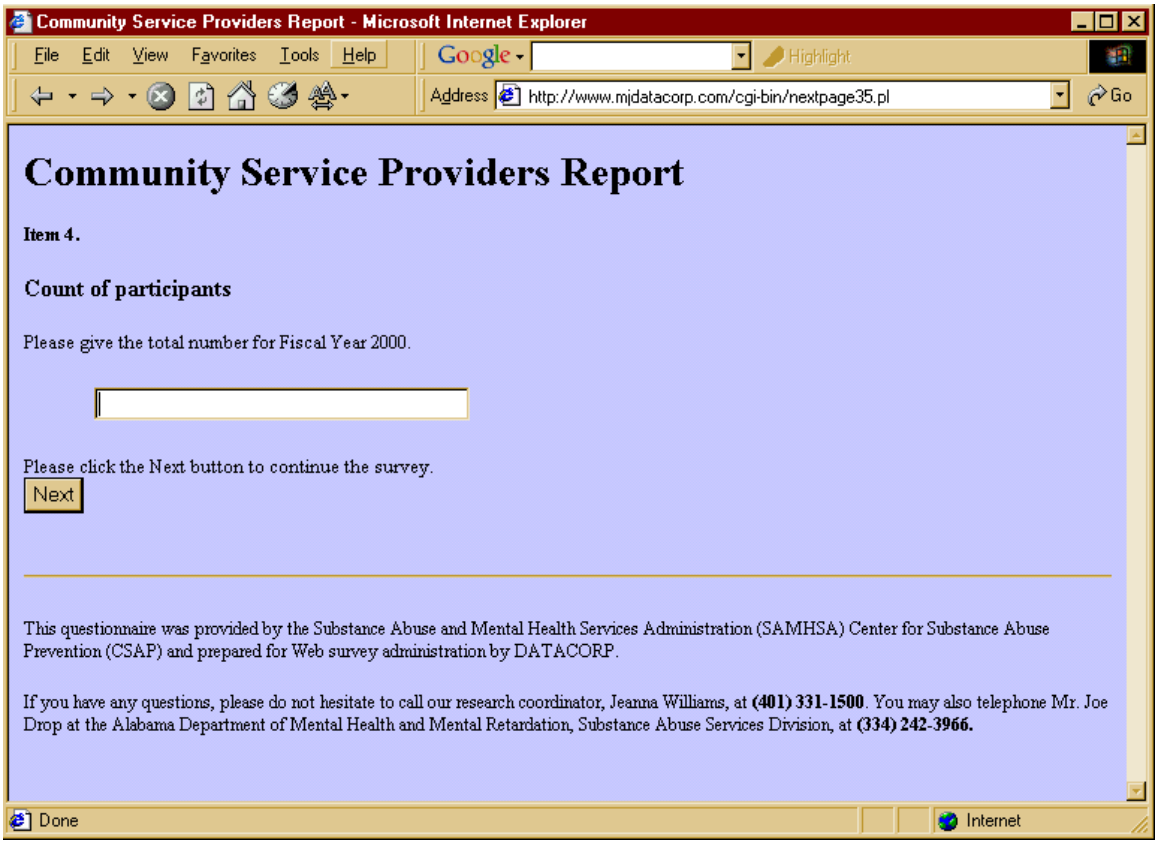


Figure 10. Item 3 (continued from Figure 9.)



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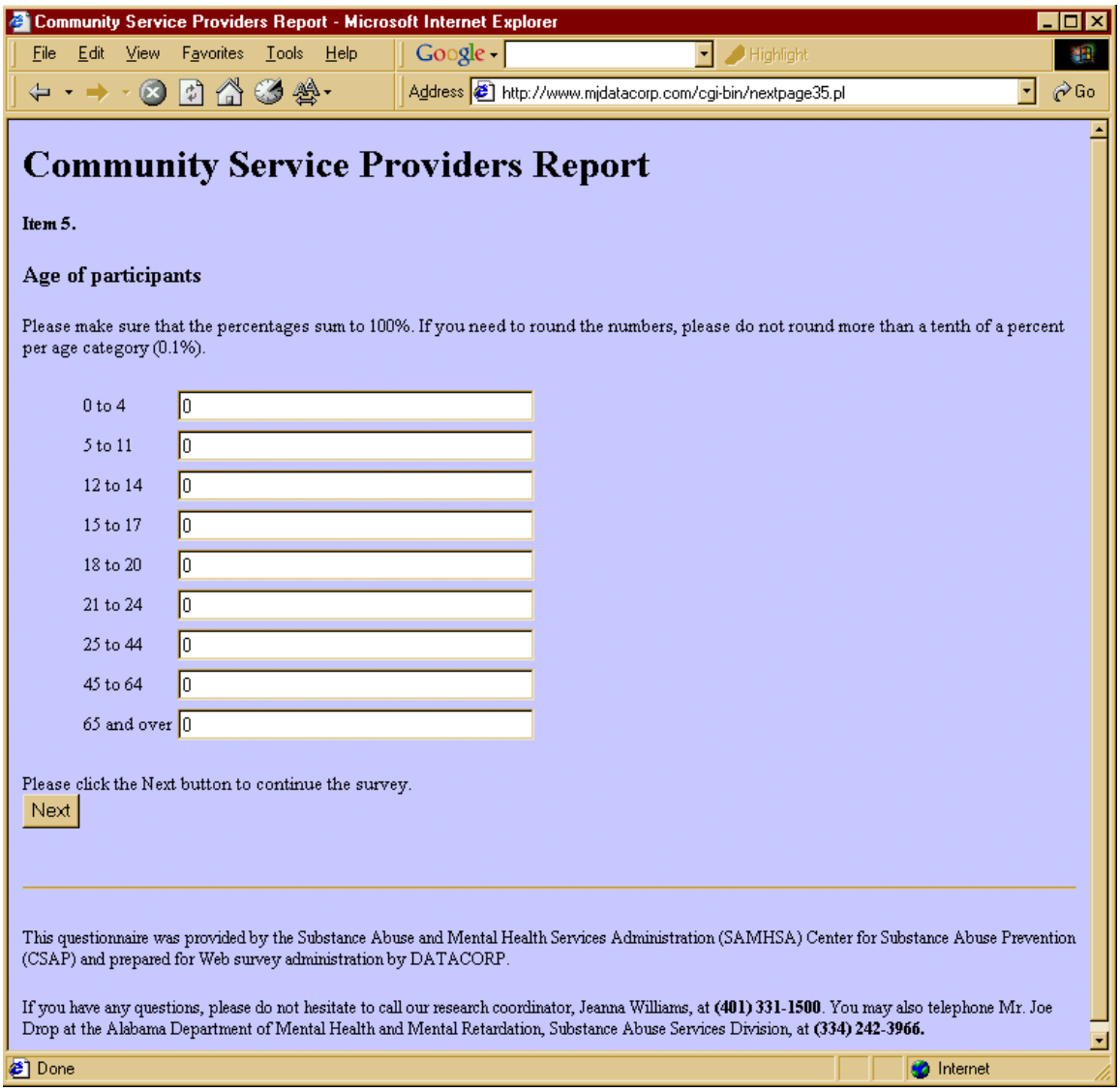

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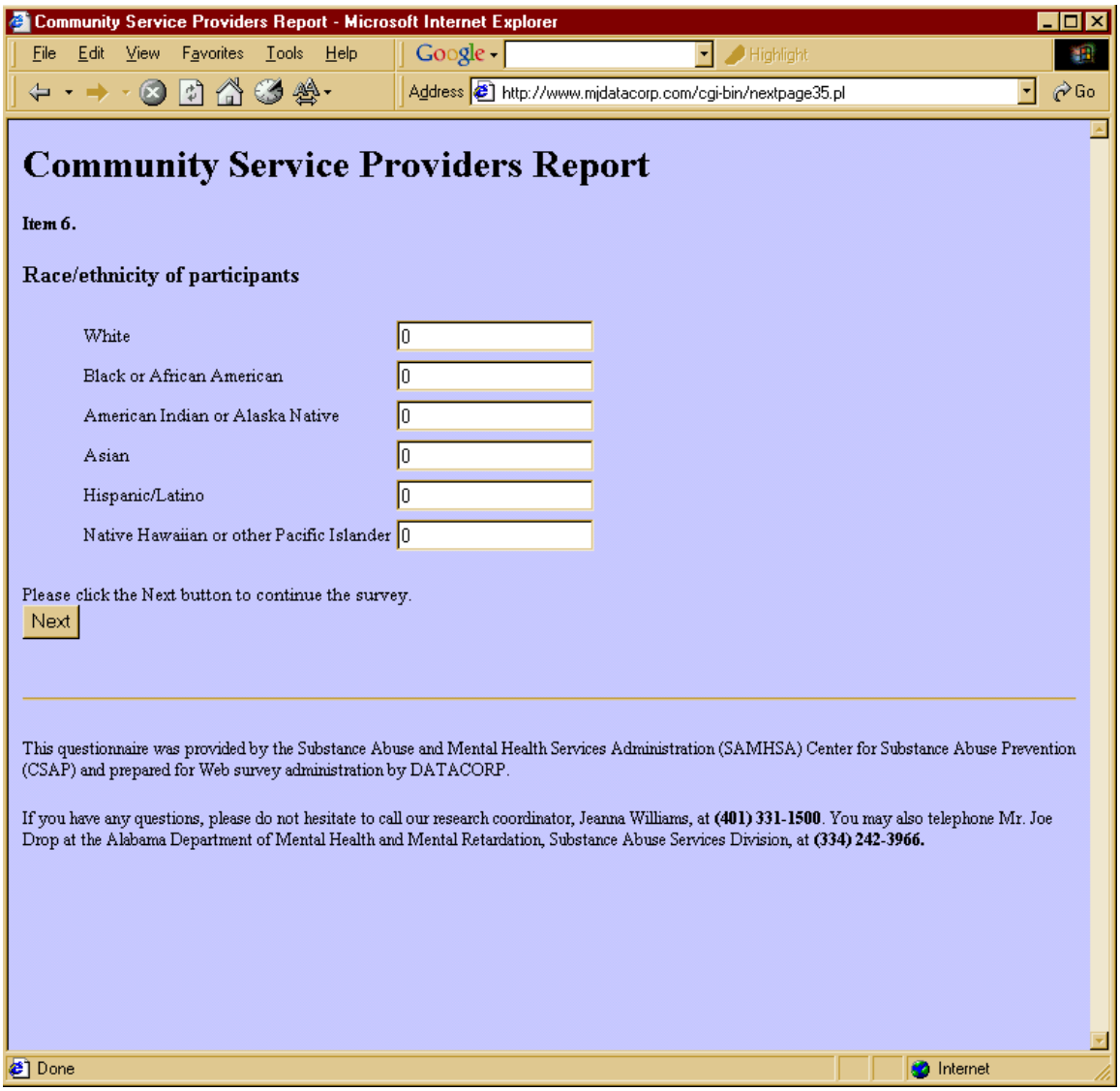

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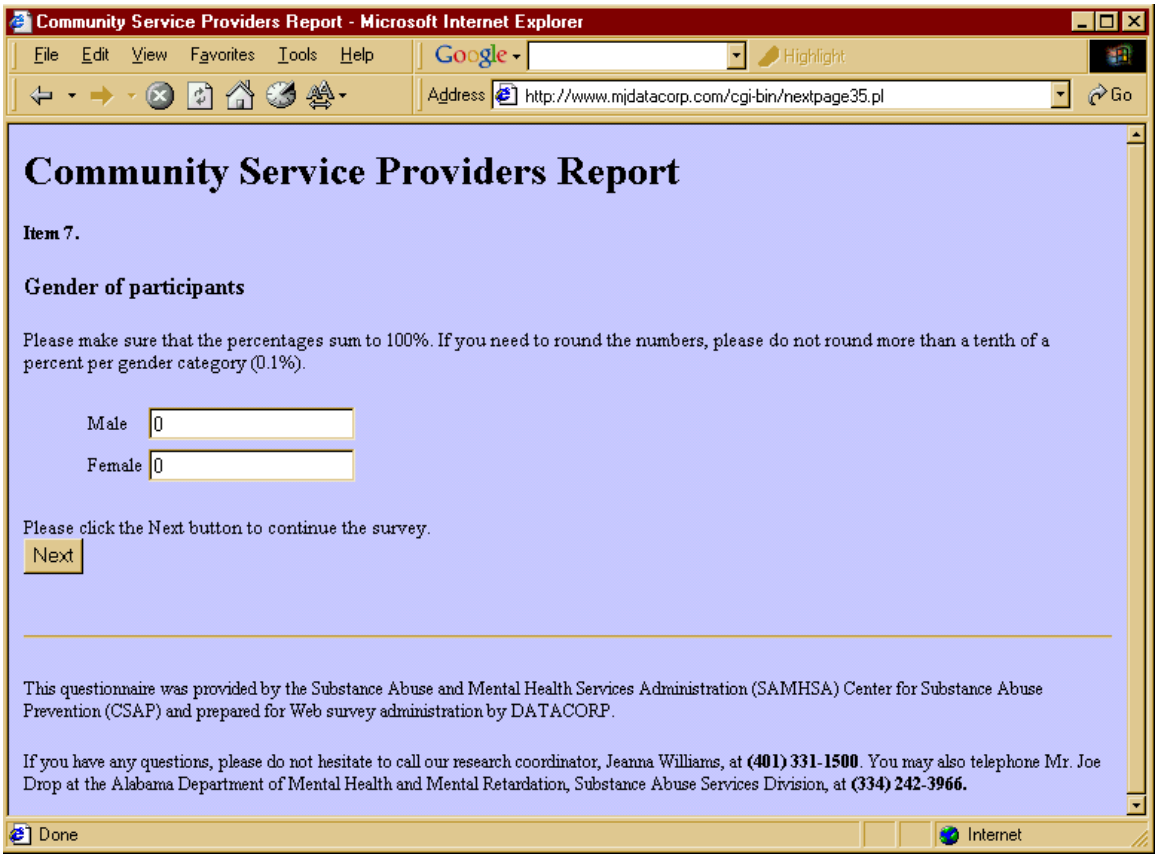

Figure 14. Item 7

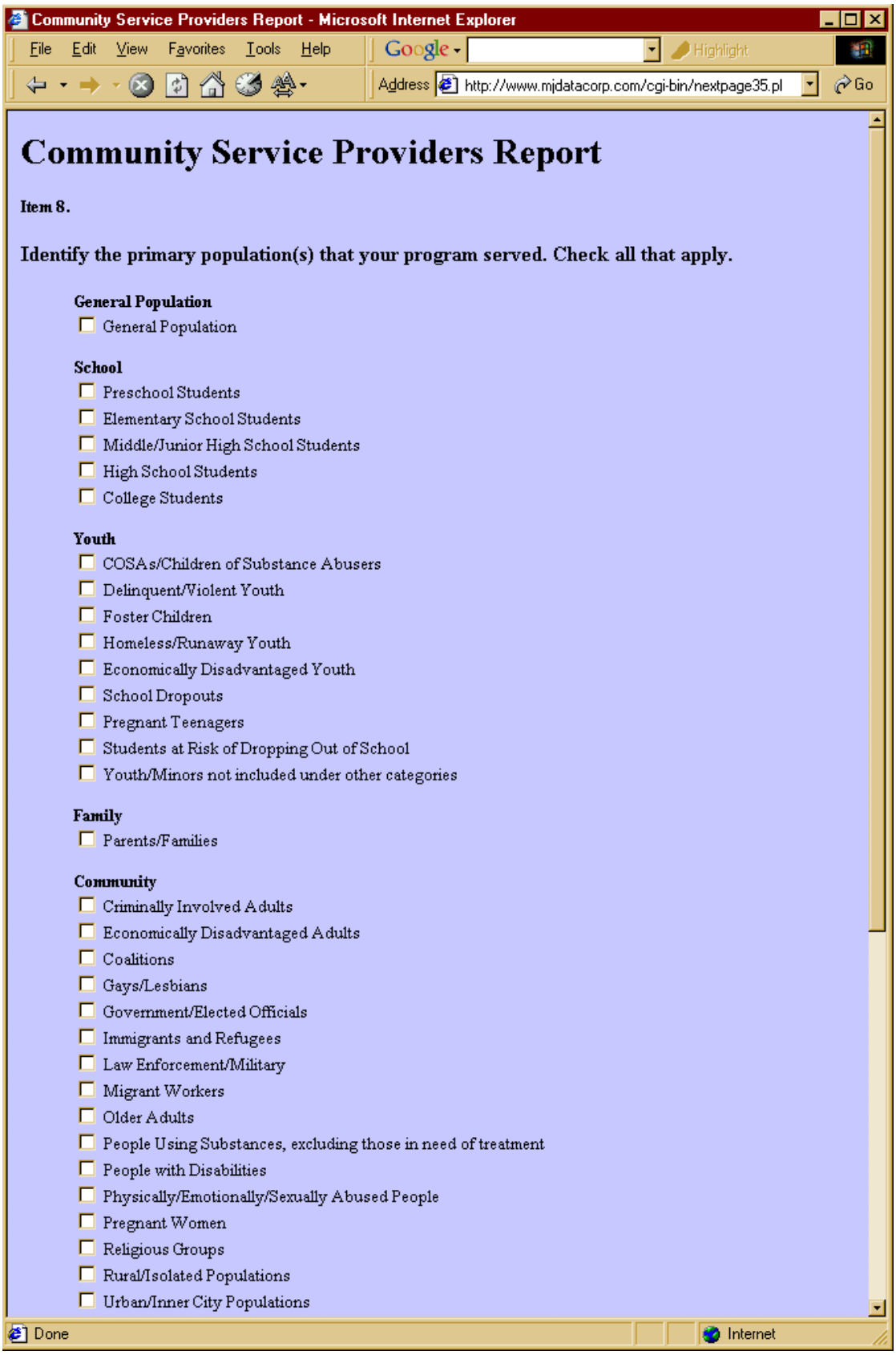

Figure 15. Item 8

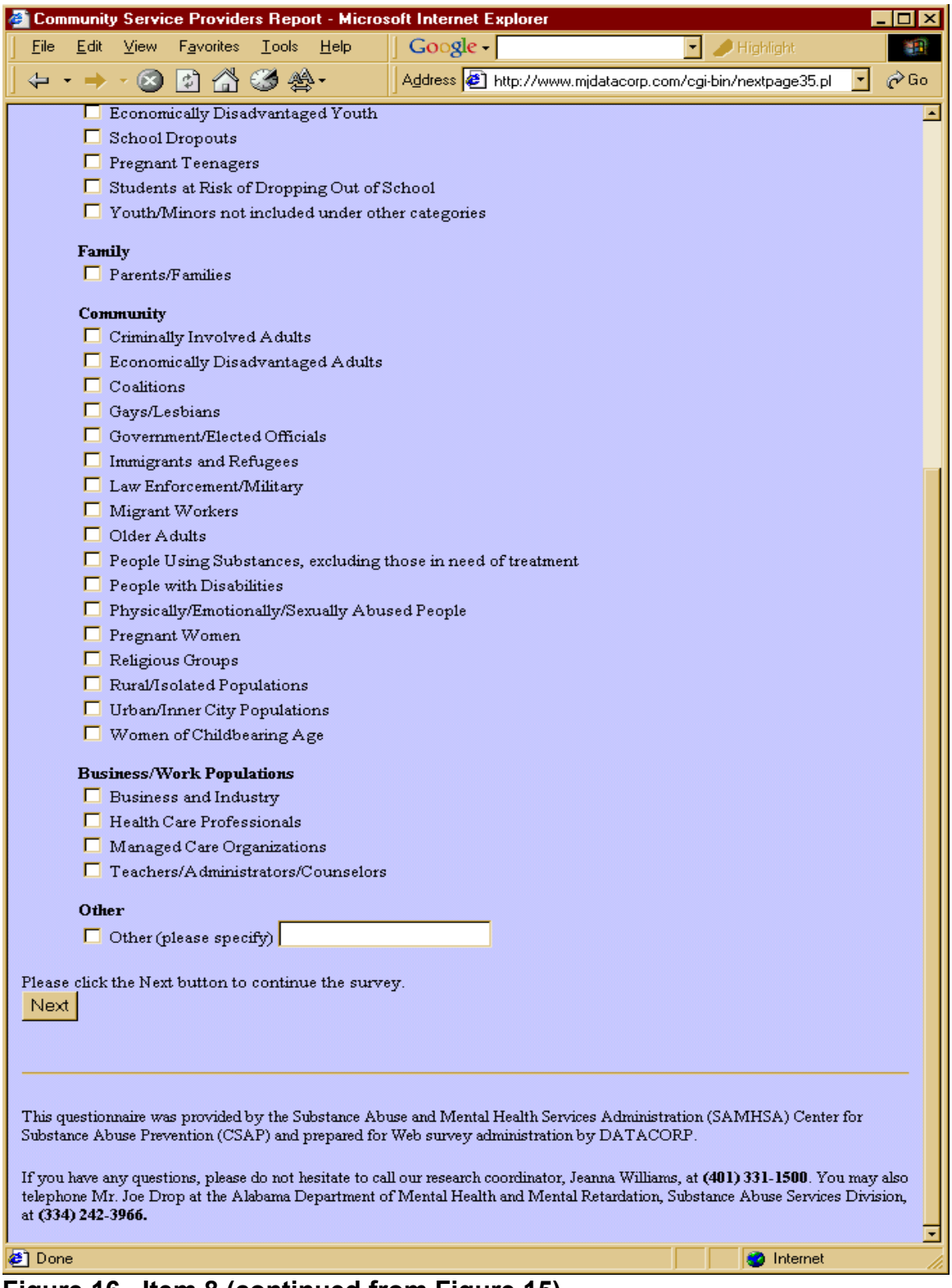

Figure 16. Item 8 (continued from Figure 15)

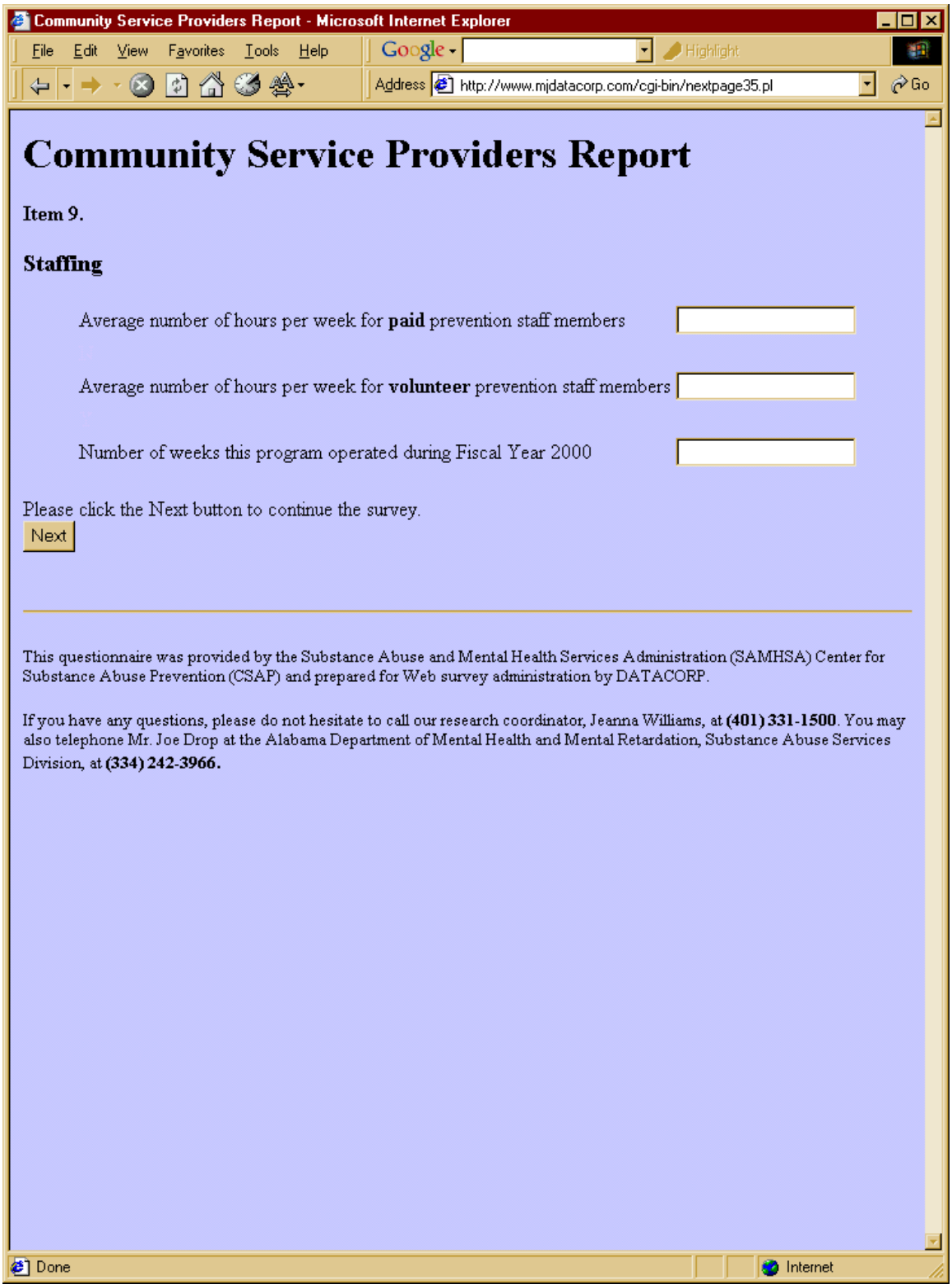

Figure 17. Item 9

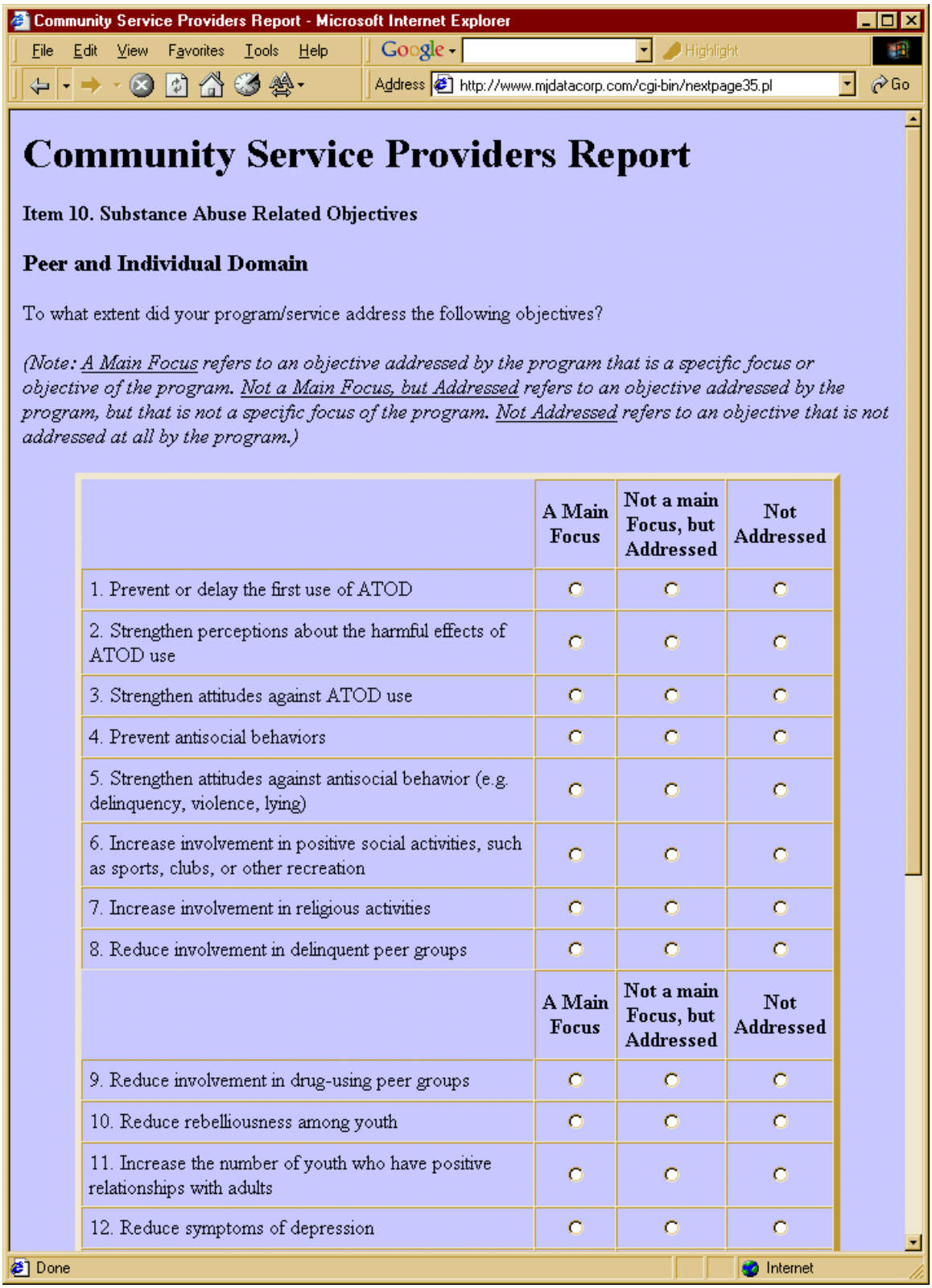

Figure 18. Item 10 (Peer and Individual Domain)

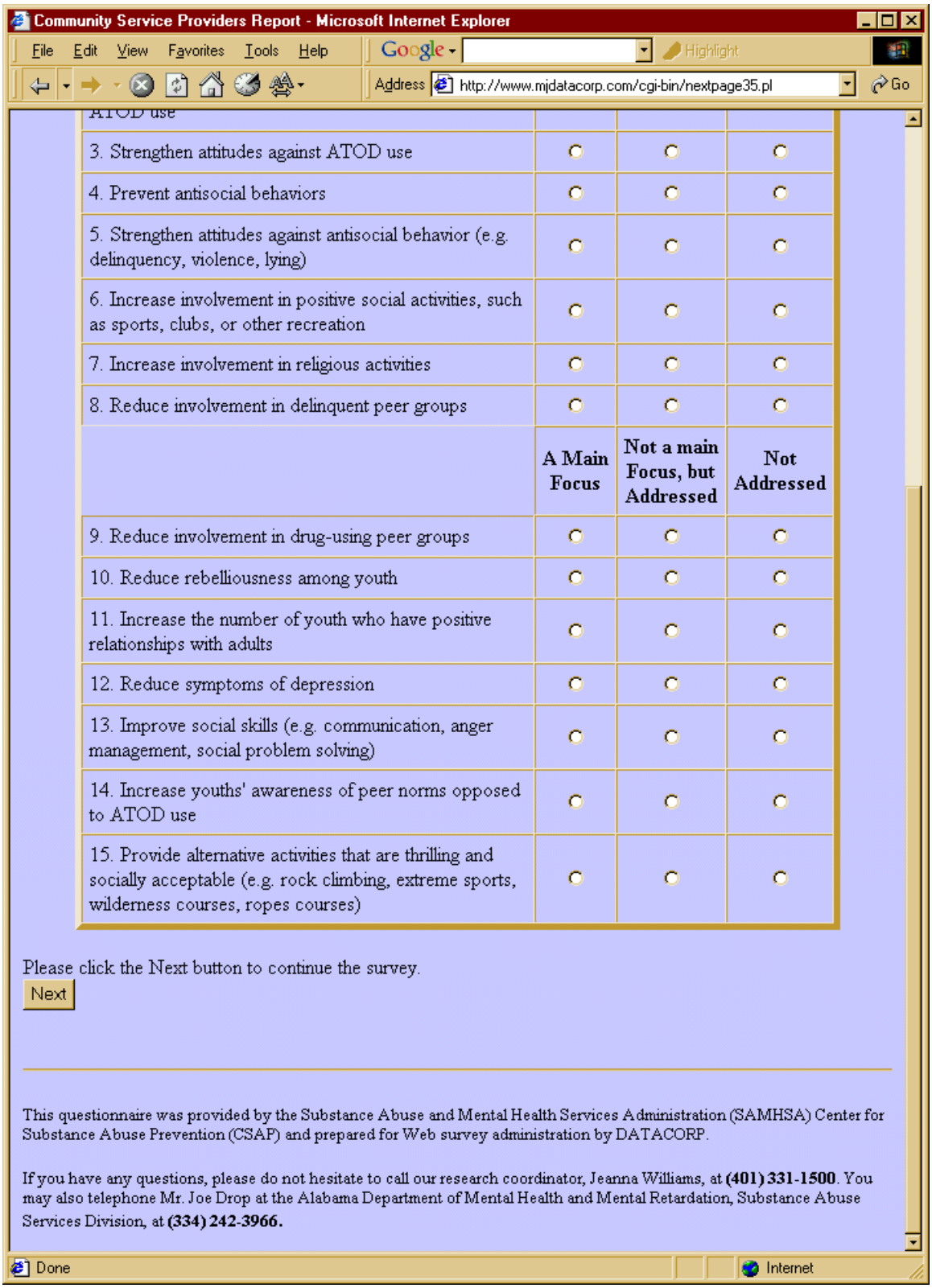

Figure 19. Item 10. Peer and Individual Domain (Continued from Figure 18)

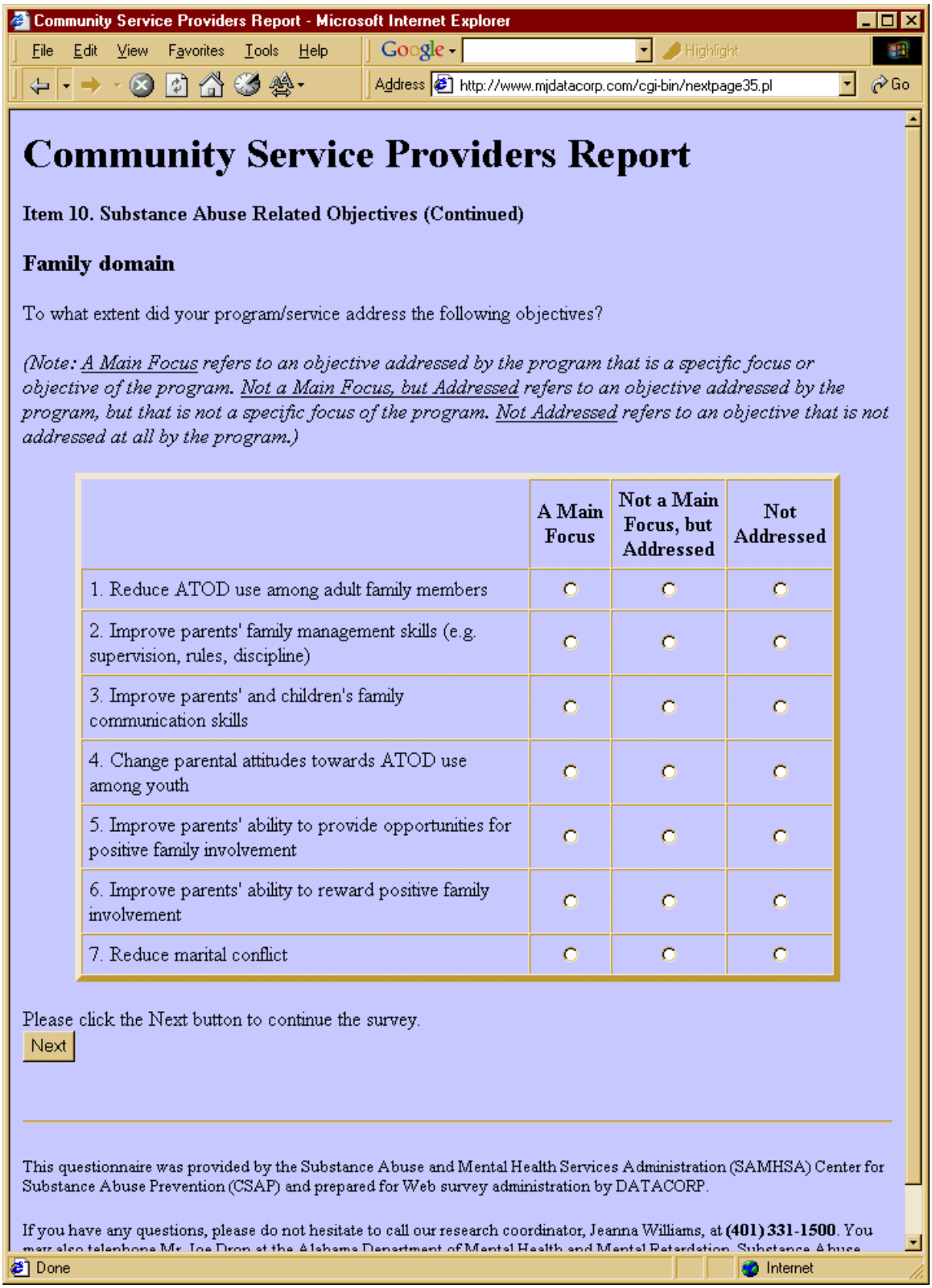

Figure 20. Item 10 (Family Domain)

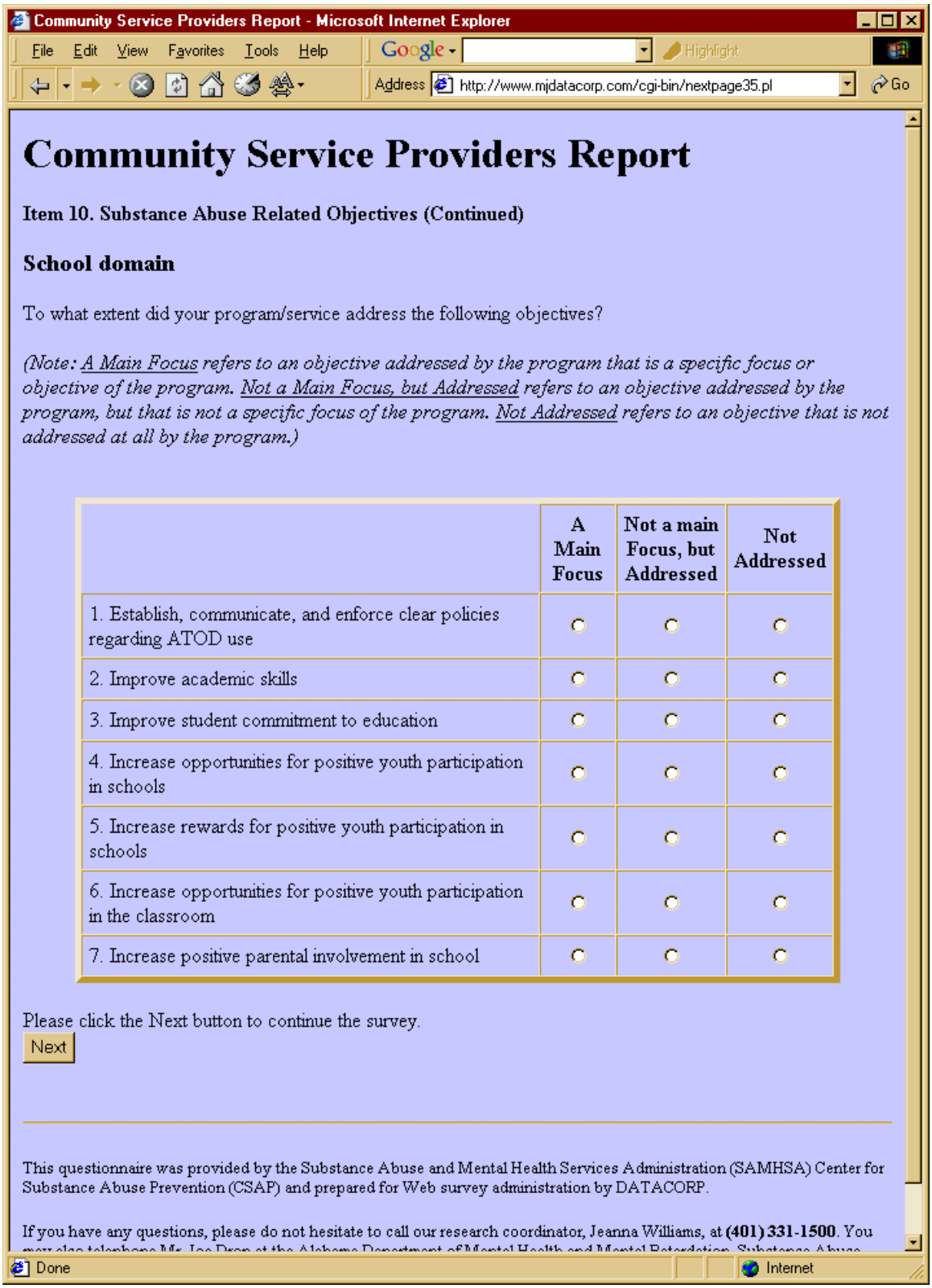

Figure 21. Item 10 (School Domain)

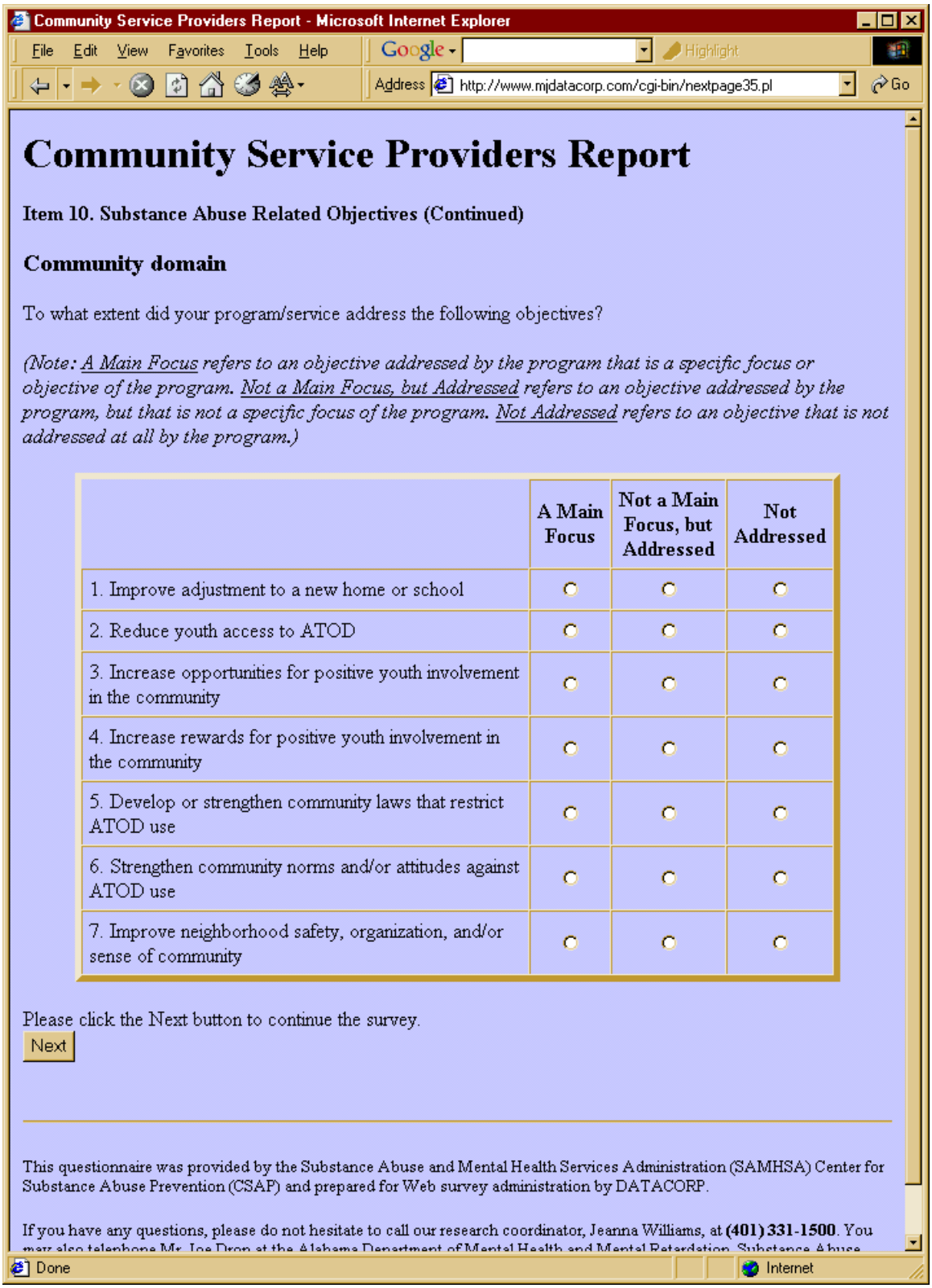

Figure 22. Item 10 (Community Domain)

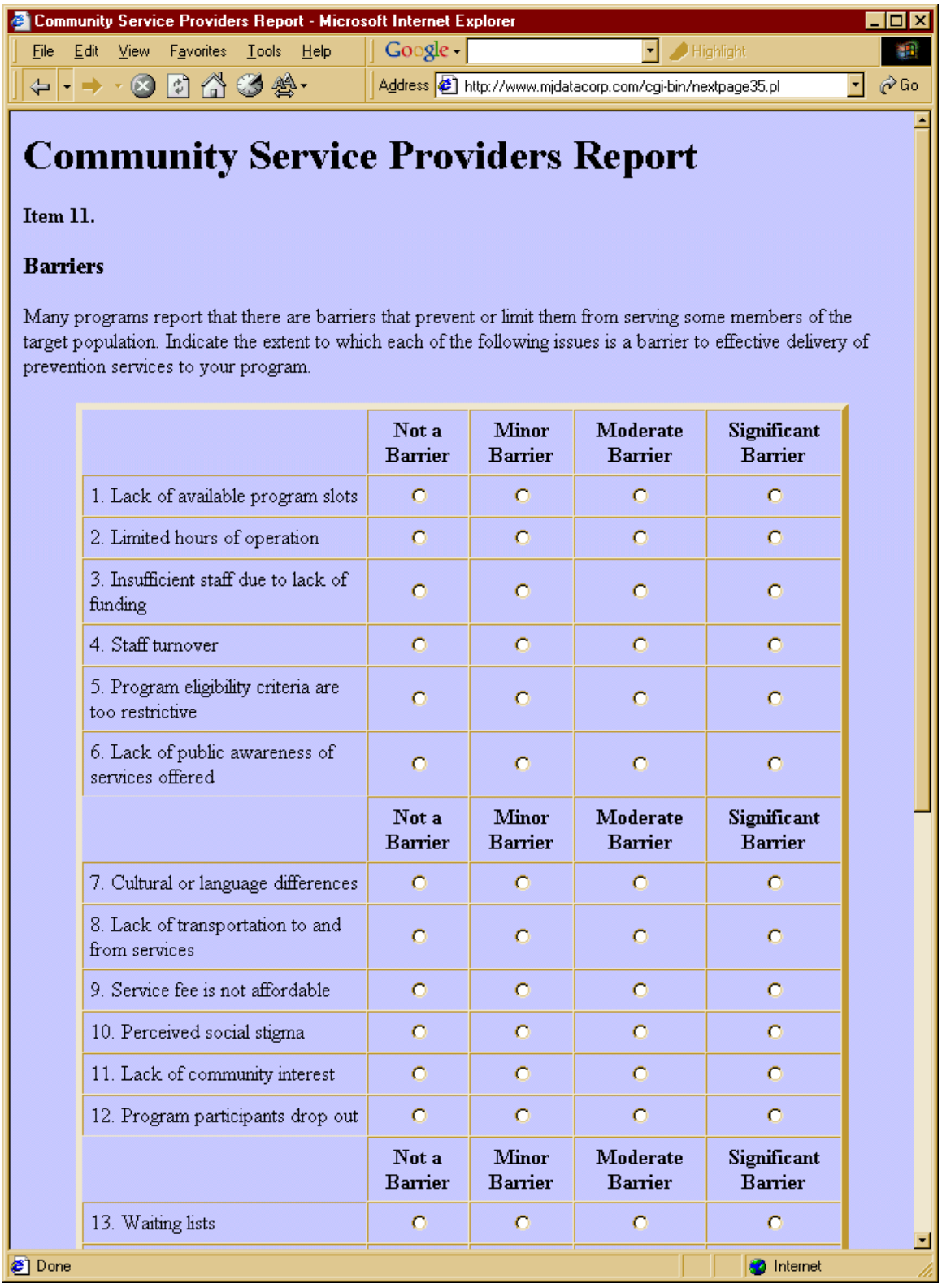

Figure 23. Item 11

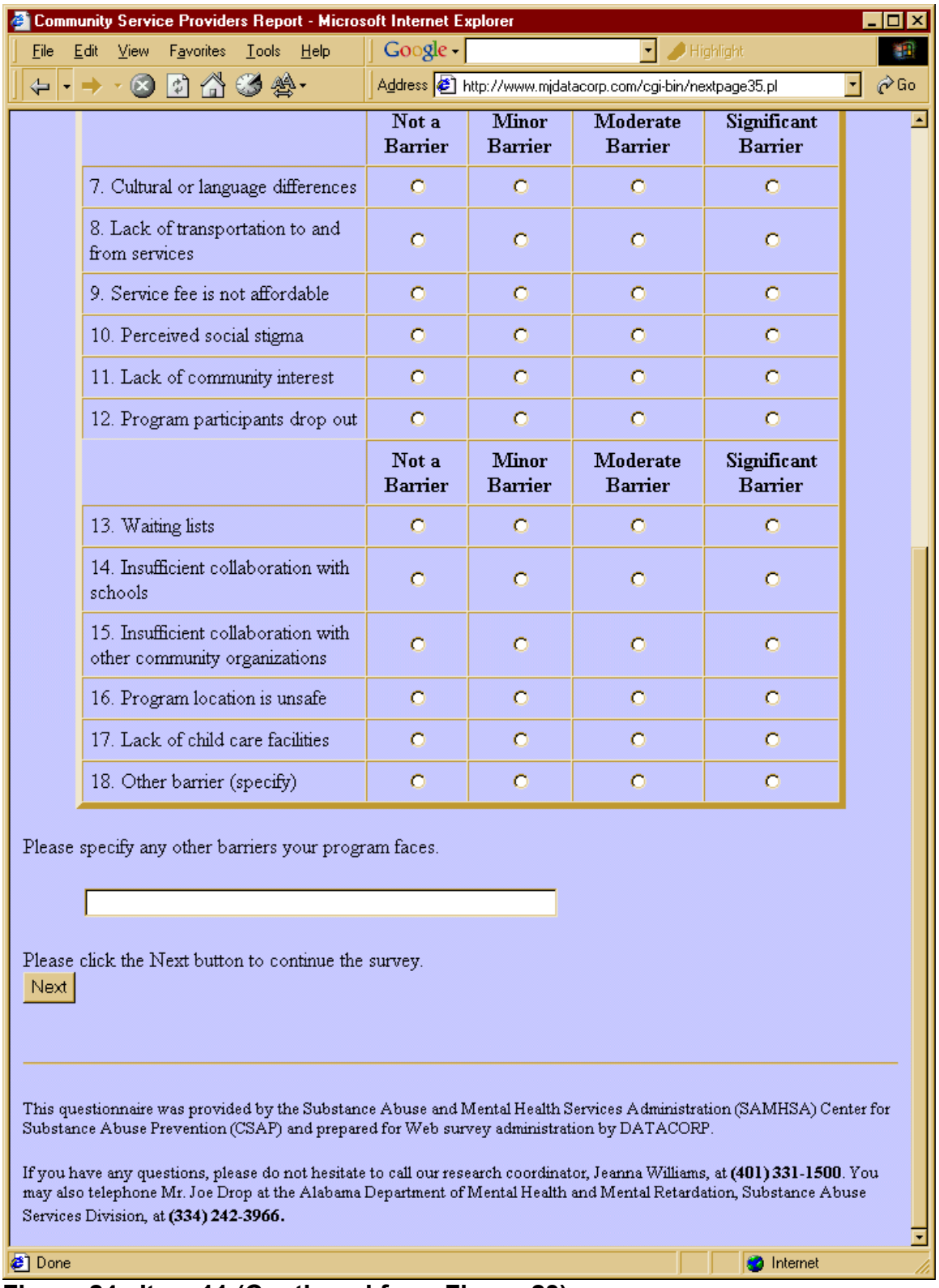

Figure 24. Item 11 (Continued from Figure 23)

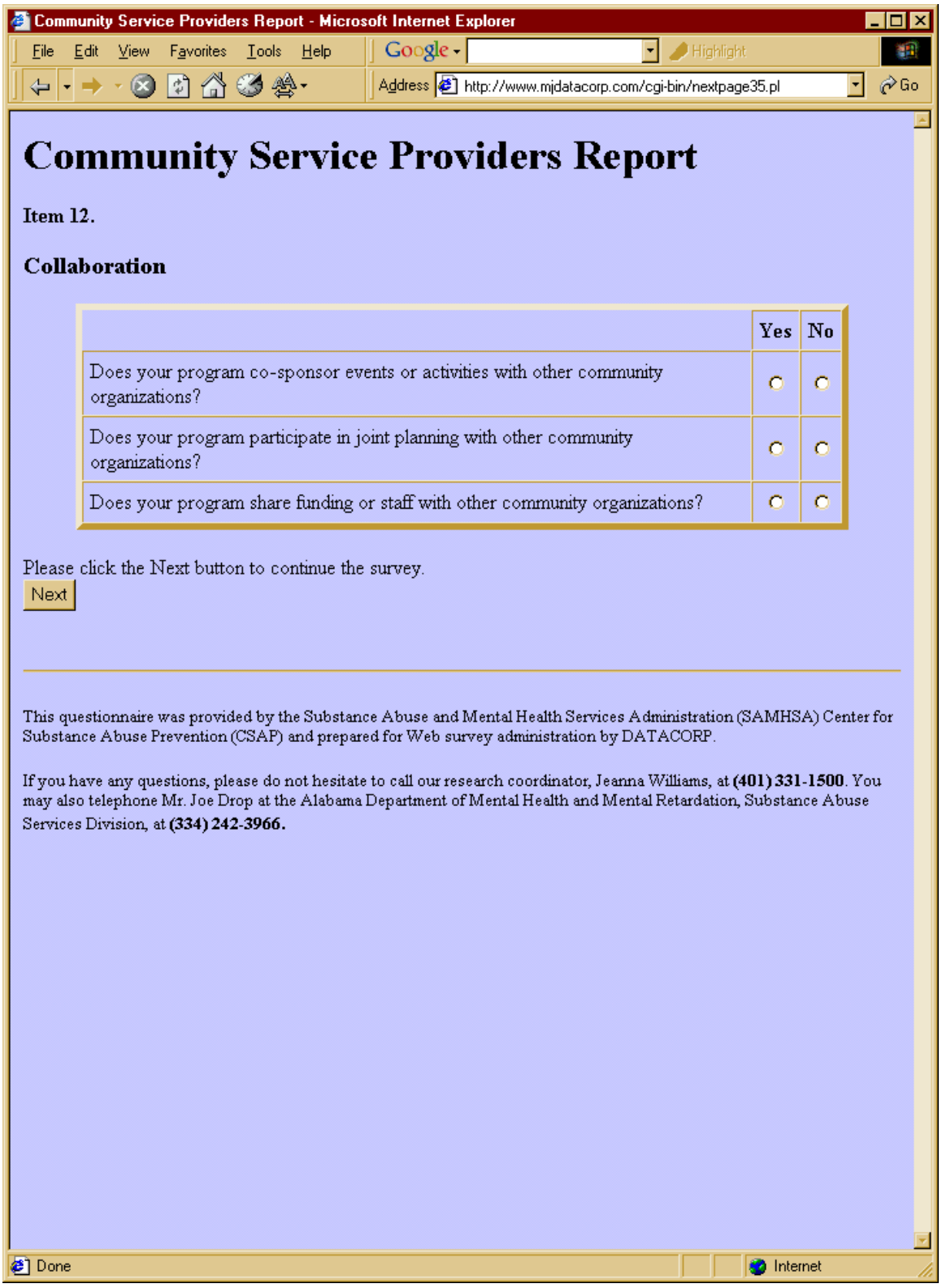

Figure 25. Item 12

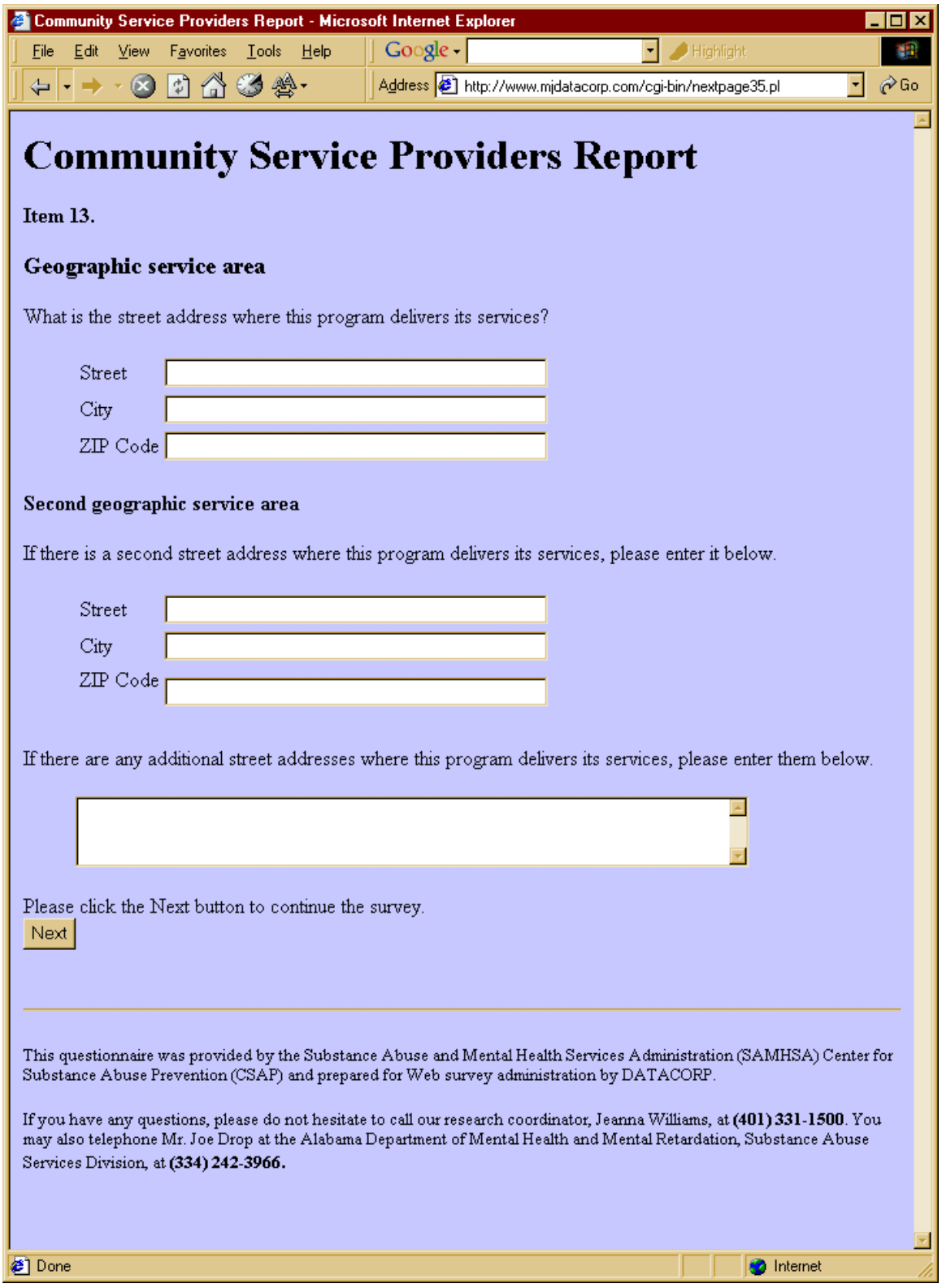

Figure 26. Item 13

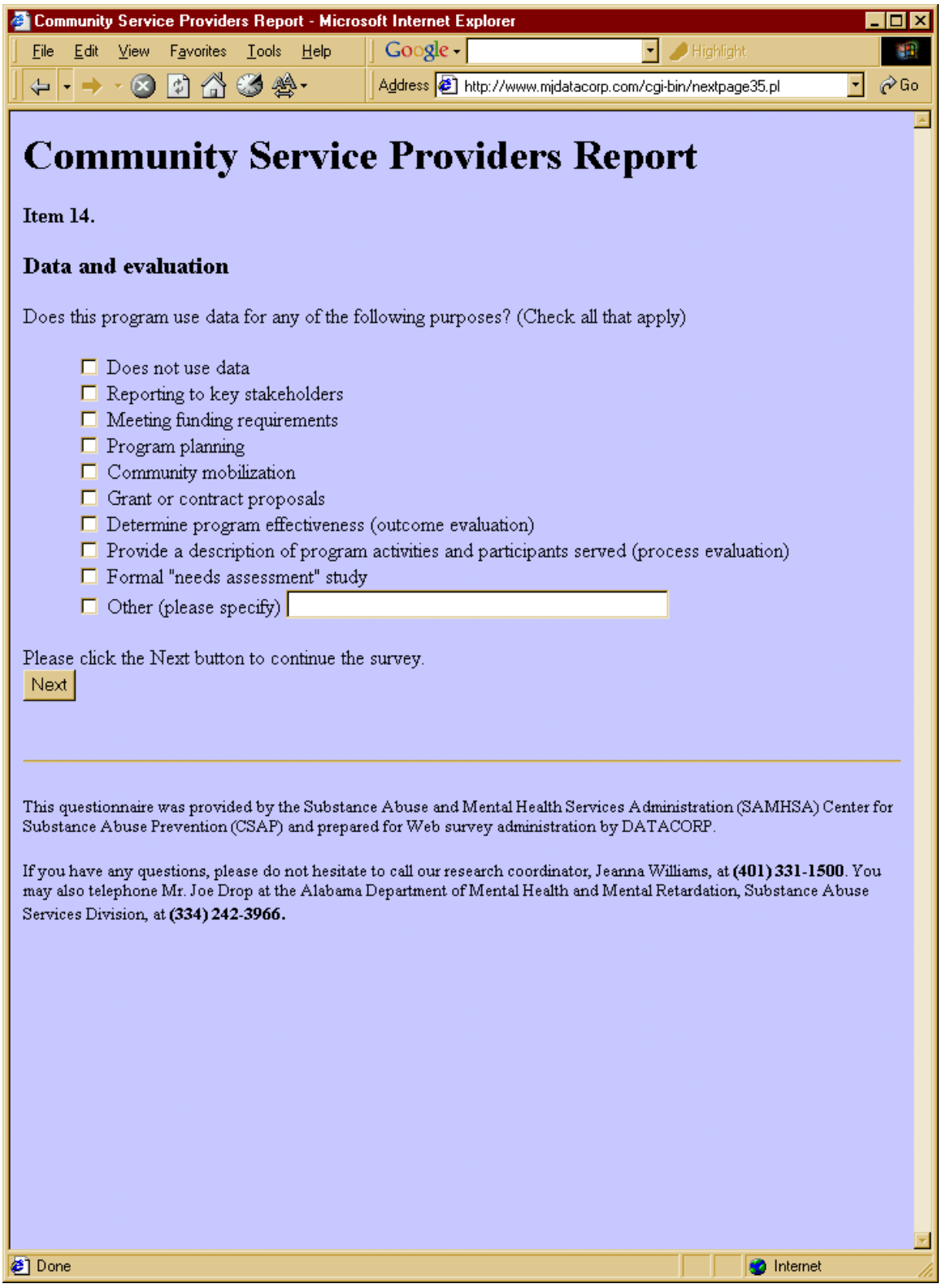

Figure 27. Item 14

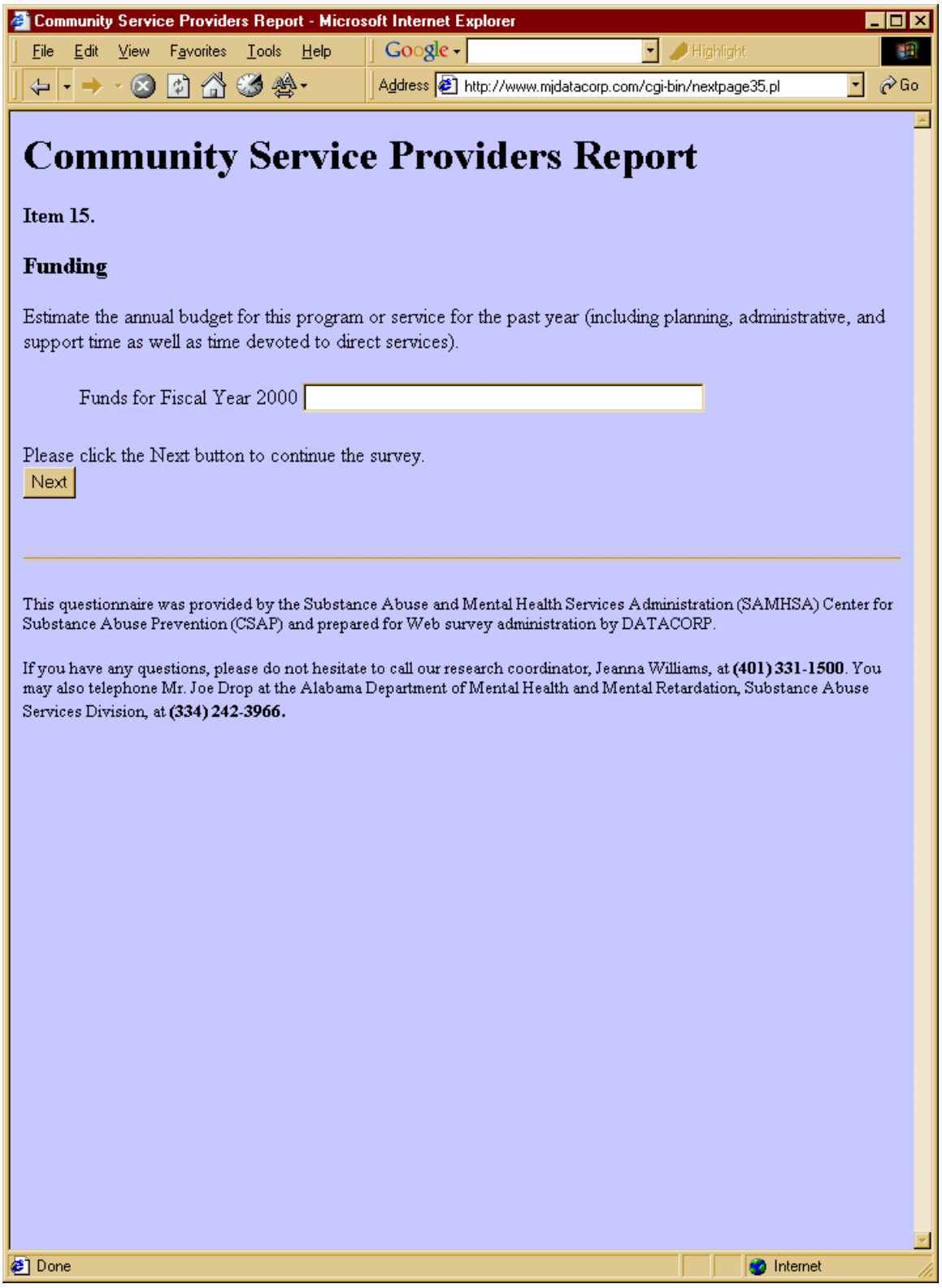

Figure 28. Item 15

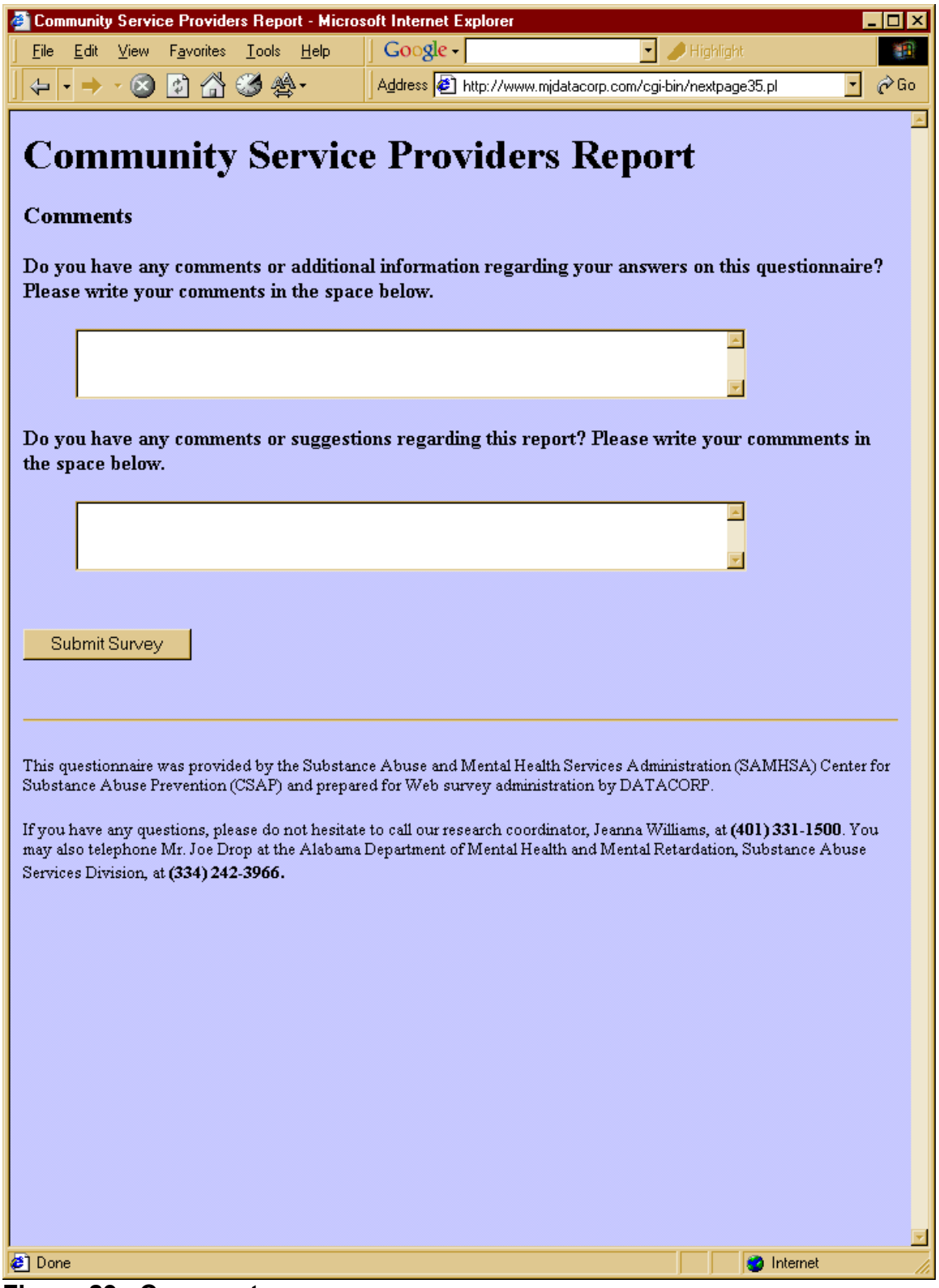

Figure 29. Comments

Figure 30. Thank You Page

APPENDIX B

INSTRUMENT VARIABLES

Table B-1. Program/Services Provided

Variable	Type of Response
Name of Program	Reported Name
Youth-focused Services	
Supervised after school recreation programs	Yes/No
Drug-free social and recreational activities	Yes/No
Youth adventure-based programs	Yes/No
Intergenerational	Yes/No
Mentoring	Yes/No
Career/job skills training	Yes/No
Youth community service programs	Yes/No
Peer leadership/peer helper programs	Yes/No
Life skills/social skills training	Yes/No
Teen drop-in centers	Yes/No
Tutoring programs	Yes/No
Youth support programs	Yes/No
Youth community action groups	Yes/No
Other	Yes/No
Specify other	Verbatim response
Family-focused Services	
Prenatal/infancy	Yes/No
Early childhood education	Yes/No
Parenting/family management training	Yes/No
Pre-marital counseling	Yes/No
Family support	Yes/No
Other	Yes/No
Specify other	Verbatim response
School-focused Services	
Organizational change in schools	Yes/No
Classroom organization, management, etc	Yes/No
School behavior management	Yes/No
School transition	Yes/No
Development of school policies that discourage substance use	Yes/No
Enforcement of school policies that discourage use	Yes/No
Other	Yes/No
Specify other	Verbatim response

Variable	Type of Response
Community-focused Services	
Development of community laws and policies that discourage substance abuse	Yes/No
Enforcement of community laws and policies that discourage substance abuse	Yes/No
Media campaigns	Yes/No
Information dissemination	Yes/No
Community mobilization	Yes/No
Community development/capacity building	Yes/No
Provide or assist with community policing	Yes/No
Other	Yes/No
Specify other	Verbatim response
Best description of services provided by program	Select one from above list

Table B-2. Participant Demographic Information

Variable	Type of Response
Count of participants	Number
Ages	
0-4	Percentage
5-11	Percentage
12-14	Percentage
15-17	Percentage
18-20	Percentage
21-24	Percentage
25-44	Percentage
45-64	Percentage
65 and over	Percentage
Race/Ethnicity	
White	Percentage
Black or African American	Percentage
American Indian or Alaska Native	Percentage
Asian	Percentage
Hispanic/Latino	Percentage
Native Hawaiian or other Pacific Islander	Percentage
Gender	
Male	Percentage
Female	Percentage

Table B-3. Populations Served

Variable	Type of Response
General Population	Check if applies
School	
Preschool Students	Check if applies
Elementary School Students	Check if applies
Middle/Junior High School Students	Check if applies
High School Students	Check if applies
College Students	Check if applies
Youth	
COSAs/Children of Substance Abusers	Check if applies
Delinquent/Violent Youth	Check if applies
Foster Children	Check if applies
Homeless/Runaway Youth	Check if applies
Economically Disadvantaged Youth	Check if applies
School Dropouts	Check if applies
Pregnant Teenagers	Check if applies
Students at Risk of Dropping Out of School	Check if applies
Youth/Minors not included under other categories	Check if applies
Family	
Parents/Families	Check if applies
Community	
Criminally Involved Adults	Check if applies
Economically Disadvantaged Adults	Check if applies
Civic Groups	Check if applies
Coalitions	Check if applies
Gays/Lesbians	Check if applies
Government/Elected Officials	Check if applies
Immigrants and Refugees	Check if applies
Law Enforcement/Military	Check if applies
Migrant Workers	Check if applies
Older Adults	Check if applies
People Using Substances, excluding those in need of treatment	Check if applies
People with Disabilities	Check if applies

Variable	
Physically/Emotionally/Sexually Abused People	Check if applies
Pregnant Women	Check if applies
Religious Groups	Check if applies
Rural/Isolated Populations	Check if applies
Urban/Inner City Populations	Check if applies
Women of Childbearing Age	Check if applies
Business/Work Populations	
Business and Industry	Check if applies
Health Care Professionals	Check if applies
Managed Care Organizations	Check if applies
Teachers/Administrators/Counselors	Check if applies
Other	Check if applies
Specify Other	Verbatim response

Table B-4. Staffing

Variable	Type of Response
Average number of hours per week for paid prevention staff members	Number of hours
Average number of hours per week for unpaid prevention staff members	Number of hours
Number of weeks this program operated during the last year	Number of weeks

Table B-5. Goals

Variable	Type of Response
Peer and Individual Domain	
Prevent or delay the first use of ATOD	A Main Focus/Addressed/Not Addressed
Strengthen perceptions about the harmful effects of ATOD use	A Main Focus/Addressed/Not Addressed
Strengthen attitudes against ATOD use	A Main Focus/Addressed/Not Addressed
Prevent antisocial behaviors	A Main Focus/Addressed/Not Addressed
Strengthen attitudes against antisocial behavior (e.g. delinquency, violence, lying)	A Main Focus/Addressed/Not Addressed
Increase involvement in positive social activities, such as sports, clubs, or other recreation	A Main Focus/Addressed/Not Addressed
Increase involvement in religious activities	A Main Focus/Addressed/Not Addressed
Reduce involvement in delinquent peer groups	A Main Focus/Addressed/Not Addressed
Reduce involvement in drug-using peer groups	A Main Focus/Addressed/Not Addressed
Reduce rebelliousness among youth	A Main Focus/Addressed/Not Addressed
Increase the number of youth who have positive relationships with adults	A Main Focus/Addressed/Not Addressed
Reduce symptoms of depression	A Main Focus/Addressed/Not Addressed
Improve social skills (e.g. communication, anger management, social problem solving)	A Main Focus/Addressed/Not Addressed
Increase youths' awareness of peer norms opposed to ATOD use	A Main Focus/Addressed/Not Addressed
Provide alternative activities that are thrilling and socially acceptable	A Main Focus/Addressed/Not Addressed
Family Domain	
Reduce ATOD use among adult family members	A Main Focus/Addressed/Not Addressed
Improve parents' family management skills	A Main Focus/Addressed/Not Addressed

Variable	Type of Response
Improve parents' and children's family communication skills	A Main Focus/Addressed/Not Addressed
Change parental attitudes towards ATOD use among youth	A Main Focus/Addressed/Not Addressed
Improve parents' ability to reward positive family involvement	A Main Focus/Addressed/Not Addressed
Reduce marital conflict	A Main Focus/Addressed/Not Addressed
School Domain	
Establish, communicate, and enforce clear policies regarding ATOD use	A Main Focus/Addressed/Not Addressed
Improve academic skills	A Main Focus/Addressed/Not Addressed
Improve student commitment to education	A Main Focus/Addressed/Not Addressed
Increase opportunities for positive youth participation in schools	A Main Focus/Addressed/Not Addressed
Increase opportunities for positive youth participation in the classroom	A Main Focus/Addressed/Not Addressed
Increase positive parental involvement in school	A Main Focus/Addressed/Not Addressed
Community Domain	
Improve adjustment to a new home or school	A Main Focus/Addressed/Not Addressed
Reduce youth access to ATOD	A Main Focus/Addressed/Not Addressed
Increase opportunities for positive youth involvement in the community	A Main Focus/Addressed/Not Addressed
Develop or strengthen community laws that restrict ATOD use	A Main Focus/Addressed/Not Addressed
Strengthen community norms and/or attitudes against ATOD use	A Main Focus/Addressed/Not Addressed
Improve neighborhood safety, organization, and/or sense of community	A Main Focus/Addressed/Not Addressed

Table B-6. Barriers

Variable	Type of Response
Lack of available program slots	Not a barrier/minor/moderate/significant
Limited hours of operation	Not a barrier/minor/moderate/significant
Insufficient staff due to lack of funding	Not a barrier/minor/moderate/significant
Staff turnover	Not a barrier/minor/moderate/significant
Program eligibility criteria are too restrictive	Not a barrier/minor/moderate/significant
Lack of public awareness of services offered	Not a barrier/minor/moderate/significant
Cultural or language differences	Not a barrier/minor/moderate/significant
Lack of transportation to and from services	Not a barrier/minor/moderate/significant
Service fee is not affordable	Not a barrier/minor/moderate/significant
Perceived social stigma	Not a barrier/minor/moderate/significant
Lack of community interest	Not a barrier/minor/moderate/significant
Program participants drop out	Not a barrier/minor/moderate/significant
Waiting lists	Not a barrier/minor/moderate/significant
Insufficient collaboration with schools	Not a barrier/minor/moderate/significant
Insufficient collaboration with other community organizations	Not a barrier/minor/moderate/significant
Program location is unsafe	Not a barrier/minor/moderate/significant
Lack of child care facilities	Not a barrier/minor/moderate/significant
Other barrier (specify)_____	Not a barrier/minor/moderate/significant

Table B-7. Collaboration

Variable	Type of Response
Program sponsors events or activities with other community organizations	Yes/No
Program participates in joint planning with other community organizations	Yes/No
Program shares funding or staff with other community organizations	Yes/No

Table B-8. Geographic Service Area

Variable	Type of Response
Street address where program delivers its services	Reported address

Table B-9. Data and Evaluation

Variable	Type of Response
Does not use data	Check if applies
Reporting to key stakeholders	Check if applies
Meet funding requirements	Check if applies
Program planning	Check if applies
Community mobilization	Check if applies
Grant or contract proposals	Check if applies
Determine program effectiveness	Check if applies
Provide a description of program activities and participants served	Check if applies
Formal needs assessment	Check if applies
Other	Check if applies
Specify other	Reported use

Table B-10. Funding

Variable	Type of Response
Estimated annual budget	Dollar amount

APPENDIX C

PILOT TEST REPORT

PILOT TEST FINAL REPORT

EXECUTIVE SUMMARY

During August 2001 DATACORP conducted a usability test of the Community Service Providers Report (CSPR). This online survey was designed by DATACORP to identify unmet ATOD need in the State of Alabama as part of the Center for Substance Abuse Prevention's (CSAP) needs assessment program. The main purpose of the CSPR usability test was to ensure that the web-based survey application was clear and easy for providers to understand and complete. The pilot testing measured the time to complete the CSPR while identifying errors and difficulties involved in technical aspects such as using text boxes, using the "next" and "back" buttons, scrolling through fields, and analytical issues such as interpreting and answering questions. Simulated tasks included logging into the Community Resource Assessment and routine operation of the questionnaire.

Ten participants were recruited to pilot test the CSPR. Participants were recruited from various agencies located in the State of Rhode Island. All participants were prevention program providers at the State or community level. Each participant completed the CSPR with the test monitor present. The majority of participants completed the CSPR in their own establishments. Three participants completed the pilot test at DATACORP. The participants were given a survey announcement including the following information: the CSPR website address, their username, and their password. The test monitor debriefed each participant. They were instructed to "think out loud" and voice any concerns or problems while answering the survey questions. Because the State of Rhode Island does not use an "objective code," an explanation of "what is a program" was given to each participant during the orientation. At the conclusion of each pilot test, the participants completed a preference questionnaire about the CSPR. A copy of this questionnaire is included in Appendix A.

Major findings and recommendations

All participants were able to technically complete the CSPR. Technical components included logging into the website and advancing through fields. The majority of participants had numerous suggestions and some questions, but all were able to analytically complete the survey as well. Analytic components included comprehension of survey questions and response categories. DATACORP staff carefully attended to participant recommendations. All suggestions regarding the visual aspects of the questionnaire were implemented. Any comments about the actual CSAP survey were recorded, but no changes were made to the content of the survey.

The results of this pilot test were uniform and conclusive. The recommendations of the participants were very similar, and in the majority of cases could not be heeded because they would entail changes to the standardized, national survey created by CSAP.

Overall benefits of the test
As previously mentioned, the majority of participant comments and recommendations could not be made because they would involve changes to the CSAP survey items. However, changes were made to increase the user-friendliness of the survey. These changes will ensure that Alabama providers complete a survey that is both efficient, visually pleasing, and easy to use.

METHODS

Ten Rhode Island community program providers were asked to participate in the CSPR pilot test. Upon their decision to participate, DATACORP scheduled a date to complete the testing. Providers asked to participate had knowledge of providing programs, but did not have any experience filling out web-based community resource assessments.

The pilot test was designed to gather extensive usability data via direct observation and a preference questionnaire designed to gather information directly from each participant. The pilot test comprised the following sections:

Participant Greeting and Background Questionnaire
Each participant was personally greeted by the test monitor and made to feel comfortable and relaxed.

Orientation
Participants received a short, verbal introduction and orientation to the test, explaining its purpose and objective. Participants were given a survey announcement with the survey's website address, their password, and username. They were assured that the CSPR was the center of the evaluation and not themselves, and that they should perform in the manner that is typical and comfortable to them. The participants were informed at recruitment and reminded at orientation that the DATACORP monitor would observe CRA completion.

Performance Test
The performance test consisted of a series of tasks that each participant was asked to carry out while being observed. The scenario was as follows:

- After the orientation was completed, the participant was asked to sit at his/her computer station, which was equipped with a computer and mouse. The participant was given a survey announcement and was told to read the directions and proceed with the assessment. The participant was observed to see how he or she logged into the website.

- Once logged into the website, the purpose of observation was to identify any technical and/or analytical problem areas with the CRA.

During the performance test, elapsed time and errors were noted for tasks completed by the participant. The test monitor recorded notes about relevant participant behavior, comments, and any unusual circumstances that may have affected the results of the pilot test (e.g., computer or internet malfunctions, etc.).

Participant Debriefing
After all tasks had been completed, the test monitor debriefed each participant. The debriefing included the following:

- Filling out a brief preference questionnaire pertaining to subjective perceptions of usability and aesthetics of the CSPR
- Participant's overall comments about his or her performance
- Participant's responses to probes from the test monitor about specific errors or problems during the test

The debriefing session served several functions. It allowed the participants to voice their opinions and any frustrations regarding the web-based questionnaire. It provided important information about the participant's rationale for answering CSPR questions in a certain fashion, and it also allowed for collection of subjective preference data about the CSPR.

After the debriefing session, participants were thanked for their time, and then released. A stipend of fifty dollars was issued to each participant.

Test Environment and Required Equipment
Seven of the ten participants chose to complete the CSPR at their own establishment. During recruitment the participants were informed that a computer with a mouse and Internet access would be necessary. This was not a problem for the participants. The three participants who chose to go to DATACORP to complete the pilot test were provided with an office equipped with a computer and mouse.

Test Monitor Role
The test monitor sat in the office with participants while they completed the pilot test. The test monitor initiated the test, recorded the start and finish times, any errors, and all observations. The test monitor did not help the participants unless a question about the test procedure was asked. Participants were asked to rely on the CSPR, its documentation, and their own abilities to perform the required tasks.

The specific technical questions answered during the pilot test are included in Appendix B.

FINDINGS AND RECOMMENDATIONS

The mean completion time for the CSPR was 26 minutes. The longest completion time was 35 minutes and the shortest 15.

All participants finished the CSPR successfully. While non-critical errors (participant made a mistake and was able to recover) did occur, critical errors (participant was unable to recover and complete the task without help from the test monitor) did not occur. Findings and recommendations are included in the section below.

The following table includes all comments made by the participants and observations of the participants by the test monitor. The table also includes the final decisions DATACORP reached regarding their suggestions. Appendix C contains a copy of the questionnaire.

Participant Comment/ Pilot Tester Observations	Final Decision
Agitated by scrolling. Possible to add repeating column headers?	DATACORP inserted repeating headers.
Does back button work?	DATACORP included text in the instructions saying that the “back” button may be used.
Item 3: "Following" is spelled incorrectly.	DATACORP corrected this.
Item 3: Can you only choose one category on the entire page, or one from each domain?	DATACORP included additional instructions to state that only one category could be chosen on the entire page.
Item 3: Unclear what “general population” means	DATACORP does not predict that this will be a problem. This item confused only one respondent.
Item 3: "Other" looks like it belongs to the community domain. Suggested bolding and adding a space.	DATACORP bolded the “other” category.

Participant Comment/ Pilot Tester Observations	Final Decision
Item 3: Insert directions that tell the provider they have the option of using the “other” box. They may not notice due to all the scrolling.	DATACORP made the "other" box more visible.
Item 8: The programs serve these populations, or the program manager's screen for these populations?	This is part of the CSAP survey; DATACORP cannot change the question.
Item 5-7: The participants did not know to enter “0”.	DATACORP changed the fields so that zero has been pre-entered.
Item 6: 90% was entered instead of 100% and was allowed to continue.	This is intentional because providers may not have exact information or racial breakdowns.
Item 8: Different categories can be checked off, but they all belong to one population being served. For example, participants in one project may be single mothers and ATOD users. This item implies that the populations served are separate, either single moms or ATOD users.	This is part of the CSAP survey. DATACORP cannot change the question.
Item 8: These are so different (Delinquent/Violent), could you separate them into two different categories?	This is part of the CSAP survey; DATACORP cannot change the question.
Item 8: Space and bold “other” category	DATACORP bolded the “other” category.
Item 9: Salary and Training is integral in learning about a program's quality of services. The ICRC is a standardized source for training. It is broken into 5 domains.	This is part of the CSAP survey; DATACORP cannot change the question.
Item 9: Do they enter key staff (program coordinators) or all staff (coordinators and secretaries)?	DATACORP consulted New-Bold to find the answer. The question is asking for all staff.

Participant Comment/ Pilot Tester Observations	Final Decision
Item 10: Regarding main focus questions, this is according to each domain. What if a program is multi-generational? We wouldn't know the primary focus.	This is part of the CSAP survey; DATACORP cannot change the survey.
Item 10: Thought that a referral column may be helpful.	This is part of the CSAP survey; DATACORP cannot change the survey.
Item 12: Participant thought that it might be helpful to remind provider to answer for the program, not the organization.	DATACORP does not believe that this will be a problem, since only one participant raised the issue.
General Comments	
Thought it would be helpful to let participants know how they can receive a summary of the data collected, so they know how they compare to other providers.	DATACORP will consult with the State when the CRA is completed.
Will all providers know sufficient English to complete this survey?	DATACORP does not expect this to be a problem.
Unsure how a coalition would answer the questions.	This should not be a problem in Alabama since few respondents will represent coalitions.
Include information about DATACORP so providers know who we are, and why a Rhode Island company is working with Alabama.	We added information about DATACORP's role in the introductory packet that the providers received.
It may be useful to let providers know that they have unlimited room in the "other" boxes.	For technical reasons DATACORP did not change this item.
Participant was confused why the family and community domains were separate. Wondered if this was a CSAP construct, or if they could be combined.	This is part of the CSAP survey; DATACORP cannot change the question.
Suggested putting Organization before Program. This may decrease any confusion regarding what is a program.	DATACORP put the Organization field before the Program field.

Participant Comment/ Pilot Tester Observations	Final Decision
The only funding issues stated is staff related; however, there are many more than that (i.e., only can reach so many people due to lack of funding).	This is part of the CSAP survey; DATACORP cannot change the question.
Insert a question about staff training and qualifications. We know how much they spend on staff, but not necessarily if they have a degree, etc.	This is part of the CSAP survey; DATACORP cannot change the item.
A participant was frustrated because while program that she had in mind does not address certain questions asked by the survey, her agency as a whole does address these issues.	This is part of the CSAP survey; DATACORP cannot change the item.

APPENDIX A: PREFERENCE QUESTIONNAIRE

Each pilot test participant completed this survey.

Preference Questionnaire Frequencies		
Question	**Response (%)**	
	Yes	**No**
Was the CRA easy to read?	100	0
Did you find the layout organized and logical?	100	0
Is it easy to move from question to question?	100	0
Are the buttons and menus intuitive?	100	0
Did you find the survey visually pleasing?	100	0

APPENDIX B: TECHNICAL QUESTIONNAIRE

The test monitor completed this survey for each participant.

Technical Questionnaire Frequencies		
Question	**Response (%)**	
	Yes	**No**
Was the CRA finished successfully?	100	0
Did the participant have problems that they could not solve on their own?	10	90
Is the website easily accessible and easy to log into?	100	0
Are the CRA instructions that are given sufficient?	90	10
Do users understand the definition of a "program"?	70	30
Do users understand how to use the scroll bar?	100	0
Are users able to advance through fields with ease?	100	0
Can users advance through screens easily using the "next" button?	100	0
Can users go back through screens easily using the "back" button?	60	40
Overall, does the participant seem to be able to technically complete the CRA with ease?	90	10
When thinking of one of their own community programs, are users able to answer each CRA question?	100	0
Overall, does the participant seem to be able to analytically complete the CRA with ease?	100	0

APPENDIX C: CSPR QUESTIONNAIRE

OMB No. 0930-0213

Expires 06/30/2003

PREPARATION FOR CSP WORKSHEET
Before you go online, you will want to make sure that you have all the data that you will need in order to fill out the report. The worksheet below shows you each question that the CSP will require. Questions appear in the order that they appear on the report. You may write your answers or jot down notes on this worksheet so that you will be prepared to fill in the report on line.

ITEM 1.

Organization name_____

Name of program/service _____

Objective code (example: edct-01)_____

Name of person filling out this form_____

(Note: If you are reporting for the Governor's High Risk Youth Grant, the objective code is "gov". If you are reporting for DARE, the objective code is "dare".)

ITEM 2. PROGRAMS/SERVICES PROVIDED

Does your program engage in the following youth-focused programs/services?

No	Yes	
( )	( )	1. Supervised after-school recreation programs *(e.g., organized sports, clubs)*
( )	( )	2. Drug-free social and recreational activities *(e.g., drug-free dances, "Just Say No" clubs, prom and graduation contracts)*
( )	( )	3. Youth adventure-based programs *(e.g., outdoor challenge activities such as wilderness courses or ropes courses)*
( )	( )	4. Intergenerational *(e.g., shared activities between youth and elderly persons)*
( )	( )	5. Mentoring
( )	( )	6. Career/job skills training
( )	( )	7. Youth community service programs *(e.g., volunteer work, service learning)*
( )	( )	8. Peer leadership/peer helper programs
( )	( )	9. Life skills/social skills training *(e.g., assertiveness, communication, drug refusal, problem-solving, or conflict resolution skills training)*
( )	( )	10. Teen drop-in centers
( )	( )	11. Tutoring programs
( )	( )	12. Youth support programs *(e.g. Alateen, COSA)*
( )	( )	13. Youth community action groups *(e.g., SADD, youth councils)*
( )	( )	14. Other _____
( )	( )	15. Other _____
( )	( )	16. Other _____

Public reporting burden for the 2000 Alabama Community Service Provider Report, including this worksheet, is estimated to average one hour per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information questionnaire. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0213.

Does your program engage in the following <u>family-focused</u> programs/services?

No	Yes	
( )	( )	1. Prenatal/infancy *(e.g., maternal and child health care, nutrition, and child development)*
( )	( )	2. Early childhood education *(e.g., early enrichment or pre-school programs)*
( )	( )	3. Parenting/family management training *(e.g., supervision, rule-setting, and discipline skills*)
( )	( )	4. Pre-marital counseling
( )	( )	5. Family support *(e.g., family planning, home visits from health or social service workers, housing, child care)*
( )	( )	6. Other _____
( )	( )	7. Other _____
( )	( )	8. Other _____

Does your program engage in the following <u>school-focused</u> programs/services?

No	Yes	
( )	( )	1. Organizational change in schools *(e.g., school-community partnerships, school management teams involving administrators, teachers, counselors, and parents, and parental involvement)*
( )	( )	2. Classroom organization, management, and instructional practices *(e.g., interactive teaching, proactive classroom management, cooperative learning)*
( )	( )	3. School behavior management *(e.g., structured playground activities, discussion of weekly behavioral report cards, behavioral contracting)*
( )	( )	4. School transition *(e.g., special homerooms or Aschools within schools@ for new students)*
( )	( )	5. Development of school policies that discourage substance abuse
( )	( )	6. Enforcement of school policies that discourage substance abuse
( )	( )	7. Other _____
( )	( )	8. Other _____
( )	( )	9. Other _____

Does your program engage in the following <u>community-focused</u> programs/services?

No	Yes	
( )	( )	1. Development of community laws and policies that discourage substance abuse
( )	( )	2. Enforcement of community laws and policies that discourage substance abuse
( )	( )	3. Media campaigns *(e.g., posters, public service announcements, advertisements, commercials)*
( )	( )	4. Information dissemination *(e.g., brochures, fact sheets, videos, presentations, clearinghouse)*
( )	( )	5. Community mobilization *(e.g., coalition building, neighborhood watch)*
( )	( )	6. Community development/capacity building *(e.g., training and technical assistance to community groups and organizations)*
( )	( )	7. Provide or assist with community policing programs/services *(e.g., foot or bicycle patrols, training to police in child development and crisis management)*
( )	( )	8. Other _____
( )	( )	9. Other _____
( )	( )	10. Other _____

ITEM 3. SERVICES/PROGRAMS *[Please indicate which ONE of the following program/service categories best describes your program.]*

The following category best describes the type of services delivered by my program: _____(Fill in item number)

Individual/Peer

1. Supervised after-school recreation (e.g., organized sports, clubs)
2. Drug-free social and recreational activities (e.g., drug-free dances, ÂJust Say No@ Clubs, prom and graduation contracts)
3. Youth adventure-based programs (e.g., outdoor challenge activities such as wilderness courses or ropes courses)
4. Intergenerational (e.g., shared activities between youth and elderly persons)
5. Mentoring
6. Career/job skills training
7. Youth community service programs (e.g., volunteer work, service learning)
8. Peer leadership/peer helper programs
9. Life skills/social skills training (e.g., assertiveness, communication, drug refusal, problem-solving, or conflict resolution skills training)
10. Teen drop-in centers
11. Tutoring programs
12. Youth support groups (e.g., Alateen, COSA)
13. Youth community action groups (e.g., SADD, youth councils)

Family

14. Prenatal/infancy (e.g., maternal and child health care, nutrition, and child development)
15. Early childhood education (e.g., early enrichment or pre-school programs)
16. Parenting/family management training (e.g., supervision, rule-setting, and discipline skills)
17. Pre-marital counseling
18. Family support (e.g., family planning, home visits from health or social service workers, housing, child care)

School

19. Organizational change in schools (e.g., school-community partnerships; school management teams involving administrators, teachers, counselors, and parents; and parental involvement)
20. Classroom organization, management, and instructional practices (e.g., interactive teaching, proactive classroom management, cooperative learning)
21. School behavior management (e.g., structured playground activities, discussion of weekly behavioral report cards, behavioral contracting)
22. School transition (e.g., special homerooms or Âschools within schools@ for new students)
23. Development of school policies that discourage substance abuse
24. Enforcement of school policies that discourage substance abuse

Community

25. Development of laws and policies that discourage substance abuse
26. Enforcement of laws and policies that discourage substance abuse
27. Media campaigns
28. Information dissemination (e.g., posters, public service announcements, advertisements, commercials)
29. Community mobilization (e.g., brochures, fact sheets, videos, presentations, clearinghouse)
30. Community development/capacity building (e.g., training and technical assistance to community groups and organizations)
31. Providing or assisting with community policing (e.g., foot or bicycle patrols, training to police in child development and crisis management)

Other

32. Other_____

ITEM 4. COUNT OF PARTICIPANTS
(PLEASE GIVE THE TOTAL NUMBER FOR FISCAL YEAR 2000): _____

ITEM 5. AGE OF PARTICIPANTS:

0 to 4	_____%
5 to 11	_____%
12 to 14	_____%
15 to 17	_____%
18 to 20	_____%
21 to 24	_____%
25 to 44	_____%
45 to 64	_____%
65 and over	_____%

ITEM 6. RACE/ETHNICITY OF PARTICIPANTS

White	_____%
Black or African American	_____%
American Indian or Alaska Native	_____%
Asian	_____%
Hispanic/Latino	_____%
Native Hawaiian or Other Pacific Islander	_____%

ITEM 7. GENDER OF PARTICIPANTS

Male_____%
Female_____%

ITEM 8. POPULATIONS SERVED [*Identify the **primary** population(s) that your program served. Check all that apply.]*

( ) General Population

School
( ) Preschool Students
( ) Elementary School Students
( ) Middle/Junior High School Students
( ) High School Students
( ) College Students

Youth
( ) COSAs/Children of Substance Abusers
( ) Delinquent/Violent Youth
( ) Foster Children
( ) Homeless/Runaway Youth
( ) Economically Disadvantaged Youth
( ) School Dropouts
( ) Pregnant Teenagers
( ) Students at Risk of Dropping Out of School
( ) Youth/Minors not Included Under Other Categories

Family
( ) Parents/Families

Community
( ) Criminally Involved Adults
( ) Economically Disadvantaged Adults
( ) Civic Groups
( ) Coalitions
( ) Gays/Lesbians
( ) Government/Elected Officials

( ) Immigrants and Refugees
( ) Law Enforcement/Military
( ) Migrant Workers
( ) Older Adults
( ) People Using Substances, Excluding Those in Need of Treatment
( ) People with Disabilities
( ) Physically/Emotionally/Sexually Abused People
( ) Pregnant Women
( ) Religious Groups
( ) Rural/Isolated Populations
( ) Urban/Inner City Populations
( ) Women of Childbearing Age

Business/Work Populations
( ) Business and Industry
( ) Health Care Professionals
( ) Managed Care Organizations
( ) Teachers/Administrators/Counselors

( ) Other_____

ITEM 9. STAFFING

Average number of hours per week for **paid** prevention staff members _____
Average number of hours per week for **volunteer** prevention staff members_____
Number of weeks this program operated during 2000_____

ITEM 10. SUBSTANCE ABUSE RELATED OBJECTIVES *[To what extent did your program/service address the following objectives?]*

(Note: **A main focus** refers to an objective addressed by the program that is a specific focus or objective of the program. **Not a main focus, but addressed** refers to an objective addressed by the program, but that is not a specific focus of the program. **Not addressed** refers to an objective that is not addressed at all by the program.)

PEER AND INDIVIDUAL DOMAIN

Objective	A Main Focus	Not a Main Focus, but Addressed	Not Addressed
1. Prevent or delay the first use of ATOD	( )	( )	( )
2. Strengthen perceptions about the harmful effects of ATOD use	( )	( )	( )
3. Strengthen attitudes against ATOD use	( )	( )	( )
4. Prevent antisocial behaviors	( )	( )	( )
5. Strengthen attitudes against antisocial behavior (e.g. delinquency, violence, lying)	( )	( )	( )
6. Increase involvement in positive social activities, such as sports, clubs, or other recreation	( )	( )	( )
7. Increase involvement in religious activities	( )	( )	( )
8. Reduce involvement in delinquent peer groups	( )	( )	( )
9. Reduce involvement in drug-using peer groups	( )	( )	( )
10. Reduce rebelliousness among youth	( )	( )	( )

Objective	A Main Focus	Not a Main Focus, but Addressed	Not Addressed
11. Increase the number of youth who have positive relationships with adults	( )	( )	( )
12. Reduce symptoms of depression	( )	( )	( )
13. Improve social skills (e.g. communication, anger management, social problem solving)	( )	( )	( )
14. Increase youths= awareness of peer norms opposed to ATOD use	( )	( )	( )
15. Provide alternative activities that are thrilling and socially acceptable (e.g. rock climbing, extreme sports, wilderness courses, ropes courses)	( )	( )	( )

FAMILY DOMAIN

Objective	A Main Focus	Not a Main Focus, but Addressed	Not Addressed
1. Reduce ATOD use among adult family members	( )	( )	( )
2. Improve parents= family management skills (e.g. supervision, rules, discipline)	( )	( )	( )
3. Improve parents= and children=s family communication skills	( )	( )	( )
4. Change parental attitudes towards ATOD use among youth	( )	( )	( )
5. Improve parents= ability to provide opportunities for positive family involvement	( )	( )	( )
6. Improve parents= ability to reward positive family involvement	( )	( )	( )
7. Reduce marital conflict	( )	( )	( )

SCHOOL DOMAIN

Objective	A Main Focus	Not a Main Focus, but Addressed	Not Addressed
1. Establish, communicate, and enforce clear policies regarding ATOD use	( )	( )	( )
2. Improve academic skills	( )	( )	( )
3. Improve student commitment to education	( )	( )	( )
4. Increase opportunities for positive youth participation in schools	( )	( )	( )
5. Increase rewards for positive youth participation in schools	( )	( )	( )
6. Increase opportunities for positive youth participation in the classroom	( )	( )	( )
7. Increase positive parental involvement in school	( )	( )	( )

COMMUNITY DOMAIN

Objective	A Main Focus	Not a Main Focus, but Addressed	Not Addressed
1. Improve adjustment to a new home or school	( )	( )	( )
2. Reduce youth access to ATOD	( )	( )	( )
3. Increase opportunities for positive youth involvement in the community	( )	( )	( )
4. Increase rewards for positive youth involvement in the community	( )	( )	( )
5. Develop or strengthen community laws that restrict ATOD use.	( )	( )	( )
6. Strengthen community norms and/or attitudes against ATOD use	( )	( )	( )
7. Improve neighborhood safety, organization, and/or sense of community	( )	( )	( )

ITEM 11. BARRIERS [*Many programs report that there are barriers that prevent or limit them from serving some members of the target population. Indicate the extent to which each of the following issues is a barrier to effective delivery of prevention services in your program.*]

Barrier	Not a Barrier	Minor Barrier	Moderate Barrier	Significant Barrier
1. Lack of available program slots	( )	( )	( )	( )
2. Limited hours of operation	( )	( )	( )	( )
3. Insufficient staff due to lack of funding	( )	( )	( )	( )
4. Staff turnover	( )	( )	( )	( )
5. Program eligibility criteria are too restrictive	( )	( )	( )	( )
6. Lack of public awareness of services offered	( )	( )	( )	( )
7. Cultural or language differences	( )	( )	( )	( )
8. Lack of transportation to and from services	( )	( )	( )	( )
9. Service fee is not affordable	( )	( )	( )	( )
10. Perceived social stigma	( )	( )	( )	( )
11. Lack of community interest	( )	( )	( )	( )
12. Program participants drop out	( )	( )	( )	( )
13. Waiting lists	( )	( )	( )	( )
14. Insufficient collaboration with schools	( )	( )	( )	( )
15. Insufficient collaboration with other community organizations	( )	( )	( )	( )
16. Program location is unsafe	( )	( )	( )	( )
17. Lack of child care facilities	( )	( )	( )	( )
18. Other barrier (specify)_____	( )	( )	( )	( )

ITEM 12. COLLABORATION

Does your program co-sponsor events or activities with other community organizations?
Yes ( ) No ( )

Does your program participate in joint planning with other community organizations?
Yes ( ) No ( )

Does your program share funding or staff with other community organizations?
Yes ( ) No ( )

ITEM 13. GEOGRAPHIC SERVICE AREA

What is the street address where this program delivers its services?
Street _____
City _____
ZIP Code _____

If there is a second street address where this program delivers its services, please record it below.
Street _____
City _____
ZIP Code _____

If there are any other additional street addresses where this program delivers its services, please record them below or on the back of this page.

ITEM 14. DATA AND EVALUATION *[Does this program use data for any of the following purposes ? (Check all that apply)]*

( ) Does not use data
( ) Reporting to key stakeholders
( ) Meet funding requirements
( ) Program planning
( ) Community mobilization
( ) Grant or contract proposals
( ) Determine program effectiveness (outcome evaluation)
( ) Provide a description of program activities and participants served (process evaluation)
( ) Formal Aneeds assessment@ study
( ) Other _____

ITEM 15. FUNDING

[Estimate the annual budget for this program or service for Fiscal Year 1999-2000 (including planning, administrative, and support time as well as time devoted to direct services).]

Funds for Fiscal Year 2000 $_____

PRIVACY ASSURANCE

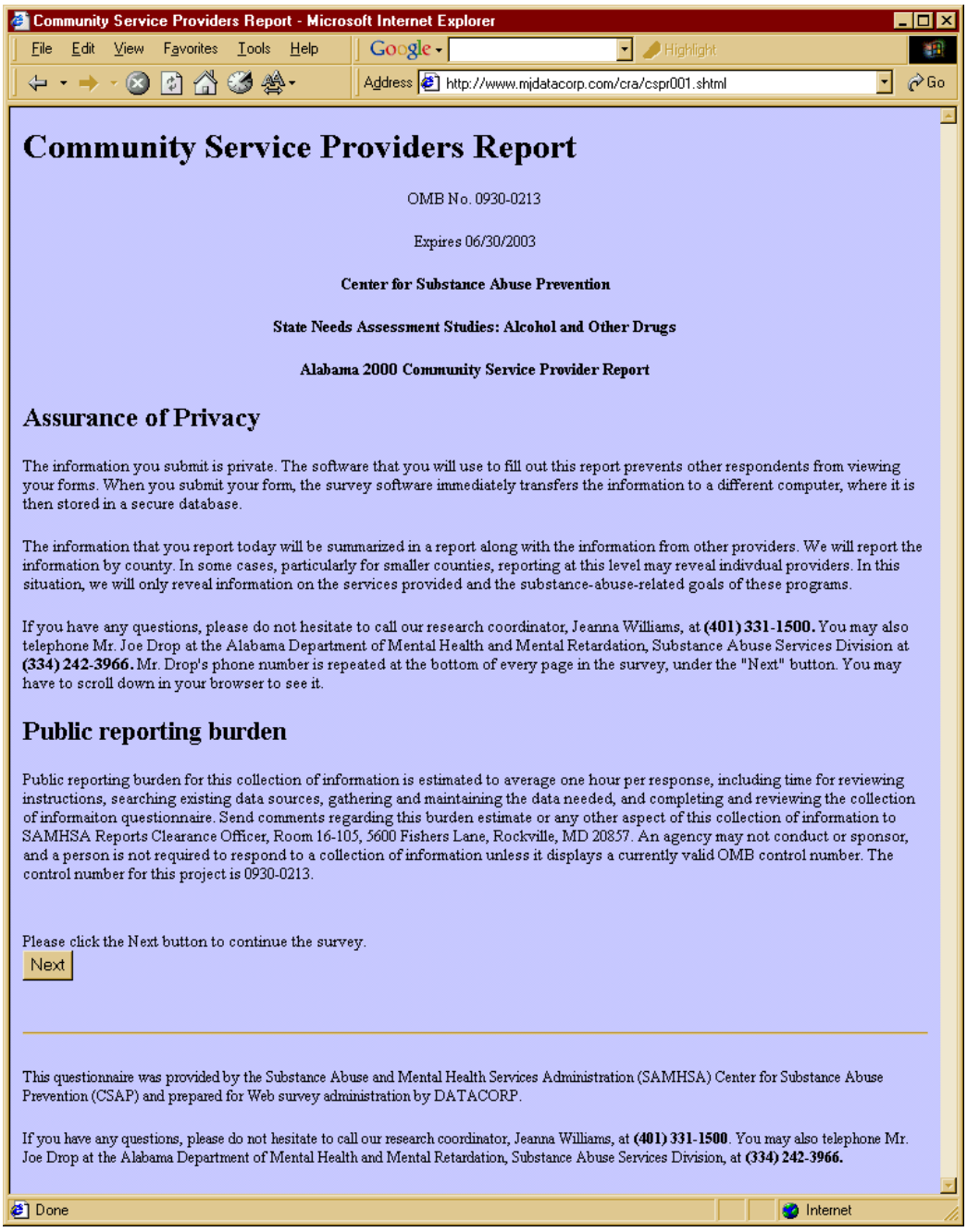

Figure D-1. Privacy Assurance

APPENDIX E

SURVEY ANNOUNCEMENT

Survey announcement is available on the hard copy of this report.

APPENDIX F

RECRUITMENT ANNOUNCEMENTS

Recruitment announcements are available on the hard copy of this report.

APPENDIX G

MEMO TO NON-RESPONDERS

Memo to non-responders is available on the hard copy of this report.

APPENDIX H

HEALTH PLANNING REGIONS

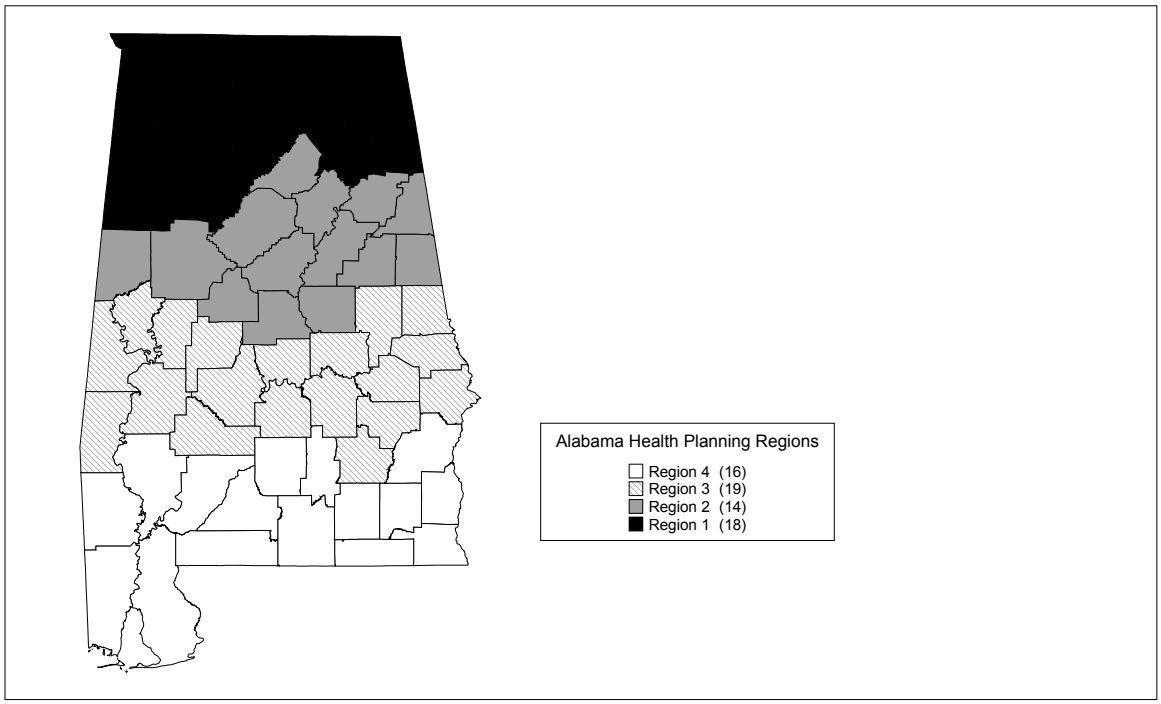

Figure H-1. Alabama Health Planning Regions

APPENDIX I

MAPS OF RESPONSE RATES

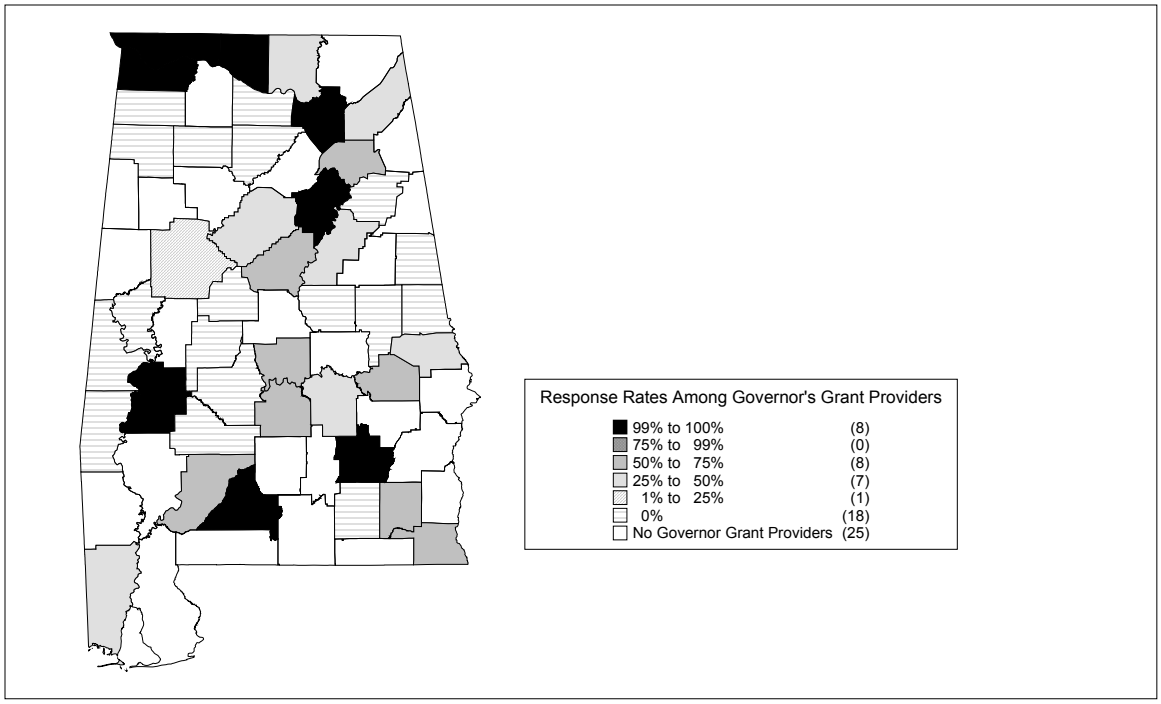

Figure I-1. Response Rates Among Governor's Grant Providers

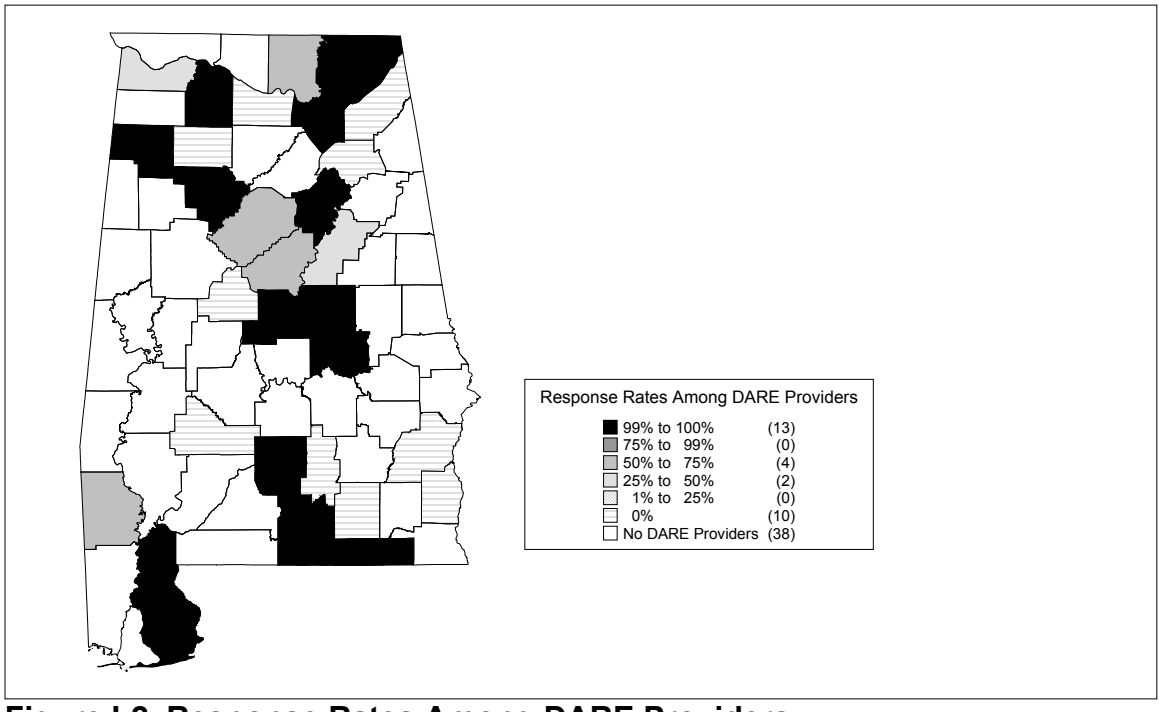

Figure I-2. Response Rates Among DARE Providers

APPENDIX J

CROSSWALK OF STRATEGIES AND SERVICES

Table J-1. Crosswalk of Services and Strategies

Strategy	Service
Alternative Activities	Drug-free social and recreational activities
Alternative Activities	Intergenerational
Alternative Activities	Supervised after-school recreation
Alternative Activities	Teen drop-in centers
Alternative Activities	Youth adventure-based programs
Alternative Activities	Youth community service programs
Community Based Process	Community development/capacity building
Community Based Process	Providing or assisting with community policing
Community Based Process	Youth community action
Education (includes education not related to ATOD)	Career/job skills training
Education (includes education not related to ATOD)	Early childhood ed
Education (includes education not related to ATOD)	Life skills/social skills training
Education (includes education not related to ATOD)	Mentoring
Education (includes education not related to ATOD)	Parenting/family training
Education (includes education not related to ATOD)	Peer leadership/peer helper programs
Education (includes education not related to ATOD)	Pre-marital counseling
Education (includes education not related to ATOD)	Prenatal/infancy
Education (includes education not related to ATOD)	Tutoring programs
Education (includes education not related to ATOD)	Youth support groups

Strategy	Service
Environmental	Classroom organization, management, and instructional practices
Environmental	Development of laws and policies that discourage substance abuse
Environmental	Development of school policies that discourage substance abuse
Environmental	Enforcement of laws and policies that discourage substance abuse
Environmental	Enforcement of school policies that discourage substance abuse
Environmental	Organizational change in schools
Environmental	School behavior management
Information Dissemination	Community mobilization
Information Dissemination	Information dissemination
Information Dissemination	Media campaigns
Other	Family support
Other	School transition

BEST PRACTICES CRITERIA

Table K-1. Best Practices Criteria

Practice	Item Number	Criteria
Use of Data		
Conduct outcome evaluations	14	Checked response marked: Determine program effectiveness (outcome evaluation)
Conduct process evaluations	14	Checked response marked: Determine program effectiveness (process evaluation)
Reporting to key stakeholders	14	Checked response marked: Reporting to key stakeholders
Meet funding requirements	14	Checked response marked: Meet funding requirements
Program planning	14	Checked response marked: Program planning
Community mobilization	14	Checked response marked: Community mobilization
Grant or contract proposals	14	Checked response marked: Grant or contract proposals
Needs assessment study	14	Checked response marked: Needs assessment study
Program Characteristics		
Is the program on CSAP's list of effective programs?	1, 4	Name provided in Item 1 matches a name on CSAP's list of Model Programs. If the name is common (e.g. "STAR"), we will check services provided to see if program name is likely to refer to the same program as on CSAP lists.
Collaboration		
Co-sponsor events or activities	12	Responded yes to question: Does your program co-sponsor events or activities with other community organizations?
Participate in joint planning with other community organizations	12	Responded yes to question: Does your program participate in joint planning with other community organizations?
Share funding or staff with other community organizations	12	Responded yes to question: Does your program share funding or staff with other community organizations?

PRIMARY SERVICE BY REGION

Table L-1. Primary Service Provided for Programs in Region 1

Primary Service Provided	Block Grant	Governor's Grant	DARE Grant
Life skills/social skills training	31	21	56
Other	19	14	22
Parenting/family management training	16	0	0
Community mobilization	9	0	0
Youth adventure-based	6	0	0
Drug-free activities	3	7	0
Peer leadership/peer helper	3	14	0
Early childhood education	3	7	0
Information dissemination	3	0	0
Community capacity building	3	7	0
Assist w/ community policing	3	0	0
Supervised after-school recreation	0	0	0
Intergenerational	0	0	0
Mentoring	0	0	0
Career/job skills training	0	0	0
Youth community service	0	7	0
Teen drop-in centers	0	0	0
Tutoring	0	21	0
Youth support	0	0	0
Youth community action groups	0	0	0
Pre-natal/infancy	0	0	0
Pre-marital counseling	0	0	0
Family support	0	0	0
Organizational change in schools	0	0	11
Classroom organization, etc.	0	0	0
School behavior management	0	0	0
School transition	0	0	0
Develop school policies	0	0	0
Enforce school policies	0	0	0
Develop community laws and policies	0	0	0
Enforce community laws and policies	0	0	11
Media campaigns	0	0	0

Table L-2. Primary Service Provided for Programs in Region 2

Primary Service Provided	Block Grant	Governor's Grant	DARE Grant
Life skills/social skills training	69	25	43
Other	14	25	14
Parenting/family management training	9	0	0
Pre-natal/infancy	3	0	0
Enforce school policies	3	0	0
Community capacity building	3	6	0
Supervised after-school recreation	0	6	0
Drug-free activities	0	0	14
Youth adventure-based	0	0	0
Intergenerational	0	0	0
Mentoring	0	0	0
Career/job skills training	0	0	0
Youth community service	0	0	0
Peer leadership/peer helper	0	0	0
Teen drop-in centers	0	0	0
Tutoring	0	13	0
Youth support	0	0	0
Youth community action groups	0	0	0
Early childhood education	0	6	0
Pre-marital counseling	0	0	0
Family support	0	0	0
Organizational change in schools	0	0	0
Classroom organization, etc.	0	0	29
School behavior management	0	0	0
School transition	0	0	0
Develop school policies	0	0	0
Develop community laws and policies	0	0	0
Enforce community laws and policies	0	0	0
Media campaigns	0	0	0
Information dissemination	0	13	0
Community mobilization	0	6	0
Assist w/ community policing	0	0	0

Table L-3. Primary Service Provided for Programs in Region 3

Primary Service Provided	Block Grant	Governor's Grant
Life skills/social skills training	58	24
Other	17	24
Pre-natal/infancy	8	0
Parenting/family management training	8	0
Classroom organization, etc.	8	0
Supervised after-school recreation	0	0
Drug-free activities	0	0
Youth adventure-based	0	0
Intergenerational	0	0
Mentoring	0	12
Career/job skills training	0	0
Youth community service	0	0
Peer leadership/peer helper	0	6
Teen drop-in centers	0	0
Tutoring	0	18
Youth support	0	0
Youth community action groups	0	0
Early childhood education	0	0
Pre-marital counseling	0	0
Family support	0	0
Organizational change in schools	0	0
School behavior management	0	0
School transition	0	0
Develop school policies	0	0
Enforce school policies	0	0
Develop community laws and policies	0	0
Enforce community laws and policies	0	0
Media campaigns	0	0
Information dissemination	0	12
Community mobilization	0	0
Community capacity building	0	6
Assist w/ community policing	0	0

Table L-4. Primary Service Provided for Programs in Region 4

Primary Service Provided	Block Grant	Governor's Grant	DARE Grant
Life skills/social skills training	50	29	67
Other	18	0	0
Parenting/family management training	12	29	0
Community capacity building	9	0	0
Supervised after-school recreation	3	0	0
Family support	3	0	0
School behavior management	3	0	0
Community mobilization	3	0	0
Drug-free activities	0	0	0
Youth adventure-based	0	0	0
Intergenerational	0	0	0
Mentoring	0	0	0
Career/job skills training	0	0	0
Youth community service	0	0	0
Peer leadership/peer helper	0	0	0
Teen drop-in centers	0	0	0
Tutoring	0	14	0
Youth support	0	0	0
Youth community action groups	0	14	0
Pre-natal/infancy	0	0	0
Early childhood education	0	14	0
Pre-marital counseling	0	0	0
Organizational change in schools	0	0	0
Classroom organization, etc.	0	0	17
School transition	0	0	0
Develop school policies	0	0	17
Enforce school policies	0	0	0
Develop community laws and policies	0	0	0
Enforce community laws and policies	0	0	0
Media campaigns	0	0	0
Information dissemination	0	0	0
Assist w/ community policing	0	0	0

APPENDIX M

GOALS BY REGION

Table M-1. Percentage of Programs Addressing Each Goal by Funding Stream in Region 1

GOAL	Block Grant	Governor's Grant	DARE
Improve social skills	81	73	44
Strengthen perceptions about the harmful effects of ATOD use	69	60	100
Strengthen attitudes against ATOD use	69	67	100
Prevent or delay the first use of ATOD	63	67	100
Increase youth awareness of peer norms opposed to ATOD use	53	53	78
Strengthen attitudes against antisocial behavior	50	47	56
Prevent antisocial behaviors	47	53	67
Reduce rebelliousness among youth	41	20	33
Improve parents' and children's family communication skills	38	47	0
Reduce involvement in drug-using peer groups	38	33	89
Increase involvement in positive social activities	34	33	33
Increase opportunities for positive youth participation in the classroom	32	27	11
Improve parents' ability to provide opportunities for positive family involvement	31	27	0
Improve parents' ability to reward positive family involvement	31	27	0
Increase number of youth who have positive relationships with adults	31	40	33
Improve parents' family management skills	28	33	0
Provide alternative activities that are thrilling and socially acceptable	28	13	22
Reduce involvement in delinquent peer groups	22	27	33
Change parental attitudes towards ATOD use among youth	19	33	11
Reduce symptoms of depression	19	7	0
Improve student commitment to education	19	60	11
Increase opportunities for positive youth participation in schools	19	33	22
Increase rewards for positive youth participation in schools	19	20	0
Reduce ATOD use among adult family members	16	13	11
Establish, communicate, and enforce clear policies regarding ATOD use	16	27	67
Increase opportunities for positive youth involvement in the community	13	33	11
Strengthen community norms and/or attitudes against ATOD use	13	13	22

GOAL	Block Grant	Governor's Grant	DARE
Improve neighborhood safety, organization, and/or sense of community	13	27	33
Improve academic skills	13	47	0
Reduce youth access	9	13	33
Increase rewards for positive youth involvement in the community	6	13	11
Develop or strengthen community laws that restrict ATOD use	6	0	22
Reduce marital conflict	6	0	0
Increase involvement in religious activities	3	0	0
Increase positive parental involvement in school	3	33	11
Improve adjustment to a new home or school	0	0	11

Table M-2. Percentage of Programs Addressing Each Goal by Funding Stream in Region 2

GOAL	Block Grant	Governor's Grant	DARE
Strengthen perceptions about the harmful effects of ATOD use	86	75	100
Prevent antisocial behaviors	86	60	57
Strengthen attitudes against ATOD use	83	75	100
Strengthen attitudes against antisocial behavior	80	63	57
Prevent or delay the first use of ATOD	77	67	100
Improve social skills	77	81	57
Reduce involvement in delinquent peer groups	74	33	43
Reduce involvement in drug-using peer groups	74	40	86
Improve parents' and children's family communication skills	71	56	14
Reduce rebelliousness among youth	71	31	43
Increase youth awareness of peer norms opposed to ATOD use	66	60	71
Increase number of youth who have positive relationships with adults	57	63	14
Increase involvement in positive social activities	51	63	43
Reduce youth access	49	31	14
Establish, communicate, and enforce clear policies regarding ATOD use	43	25	71
Improve student commitment to education	40	69	29
Reduce symptoms of depression	37	7	0
Improve academic skills	37	56	14
Increase opportunities for positive youth participation in schools	37	63	29
Improve parents' family management skills	34	31	0
Improve parents' ability to provide opportunities for positive family involvement	34	38	0
Increase opportunities for positive youth involvement in the community	29	50	14
Increase rewards for positive youth participation in schools	29	38	43
Increase opportunities for positive youth participation in the classroom	29	19	57
Change parental attitudes towards ATOD use among youth	26	25	14
Improve parents' ability to reward positive family involvement	26	31	0
Increase involvement in religious activities	23	0	14
Reduce ATOD use among adult family members	20	6	0

GOAL	Block Grant	Governor's Grant	DARE
Strengthen community norms and/or attitudes against ATOD use	17	25	14
Increase rewards for positive youth involvement in the community	14	44	0
Develop or strengthen community laws that restrict ATOD use	14	13	0
Increase positive parental involvement in school	14	19	14
Improve adjustment to a new home or school	9	13	0
Improve neighborhood safety, organization, and/or sense of community	6	19	29
Provide alternative activities that are thrilling and socially acceptable	6	33	29
Reduce marital conflict	3	0	0

Table M-3. Percentage of Programs Addressing Each Goal by Funding Stream in Region 3

GOAL	Block Grant	Governor's Grant
Improve social skills	92	76
Strengthen perceptions about the harmful effects of ATOD use	75	82
Strengthen attitudes against ATOD use	75	76
Prevent or delay the first use of ATOD	58	76
Prevent antisocial behaviors	58	69
Strengthen attitudes against antisocial behavior	50	65
Reduce involvement in drug-using peer groups	50	65
Increase youth awareness of peer norms opposed to ATOD use	50	38
Reduce rebelliousness among youth	42	41
Reduce youth access	33	44
Increase involvement in positive social activities	33	47
Reduce involvement in delinquent peer groups	33	29
Improve parents' family management skills	17	47
Improve parents' and children's family communication skills	17	44
Improve parents' ability to provide opportunities for positive family involvement	17	41
Improve parents' ability to reward positive family involvement	17	29
Increase number of youth who have positive relationships with adults	17	24
Improve student commitment to education	17	65
Increase opportunities for positive youth involvement in the community	8	56
Increase rewards for positive youth involvement in the community	8	38
Develop or strengthen community laws that restrict ATOD use	8	31
Strengthen community norms and/or attitudes against ATOD use	8	38
Reduce ATOD use among adult family members	8	6
Change parental attitudes towards ATOD use among youth	8	35
Establish, communicate, and enforce clear policies regarding ATOD use	8	41
Increase opportunities for positive youth participation in the classroom	8	29
Improve adjustment to a new home or school	0	0

GOAL	Block Grant	Governor's Grant
Improve neighborhood safety, organization, and/or sense of community	0	31
Reduce marital conflict	0	13
Increase involvement in religious activities	0	6
Reduce symptoms of depression	0	0
Provide alternative activities that are thrilling and socially acceptable	0	29
Improve academic skills	0	53
Increase opportunities for positive youth participation in schools	0	41
Increase rewards for positive youth participation in schools	0	24
Increase positive parental involvement in school	0	25

Table M-4. Percentage of Programs Addressing Each Goal by Funding Stream in Region 4

GOAL	Block Grant	Governor's Grant	DARE
Improve social skills	71	78	50
Strengthen perceptions about the harmful effects of ATOD use	67	71	83
Strengthen attitudes against ATOD use	67	71	83
Prevent or delay the first use of ATOD	58	71	83
Strengthen attitudes against antisocial behavior	50	57	100
Prevent antisocial behaviors	47	57	100
Reduce rebelliousness among youth	35	43	83
Reduce involvement in drug-using peer groups	32	86	100
Increase youth awareness of peer norms opposed to ATOD use	29	56	50
Improve parents' and children's family communication skills	26	63	50
Increase involvement in positive social activities	26	29	67
Increase number of youth who have positive relationships with adults	26	67	67
Improve parents' family management skills	24	25	50
Change parental attitudes towards ATOD use among youth	24	75	33
Reduce ATOD use among adult family members	21	25	33
Improve parents' ability to provide opportunities for positive family involvement	21	50	50
Improve parents' ability to reward positive family involvement	21	38	50
Reduce involvement in delinquent peer groups	18	43	67
Reduce youth access	15	43	67
Provide alternative activities that are thrilling and socially acceptable	15	11	50
Increase opportunities for positive youth involvement in the community	12	43	50
Strengthen community norms and/or attitudes against ATOD use	12	43	67
Improve student commitment to education	9	56	67
Increase rewards for positive youth involvement in the community	6	43	33
Improve neighborhood safety, organization, and/or sense of community	6	14	33
Reduce marital conflict	6	0	17
Establish, communicate, and enforce clear policies regarding ATOD use	6	44	67

GOAL	Block Grant	Governor's Grant	DARE
Increase opportunities for positive youth participation in schools	6	44	67
Increase rewards for positive youth participation in schools	6	44	67
Improve adjustment to a new home or school	3	0	33
Develop or strengthen community laws that restrict ATOD use	3	29	50
Improve academic skills	3	44	50
Increase opportunities for positive youth participation in the classroom	3	44	50
Increase positive parental involvement in school	3	33	67
Increase involvement in religious activities	0	0	0
Reduce symptoms of depression	0	0	50

APPENDIX N

PROGRAM SIZE BY REGION

Table N-1. Descriptive Statistics on the Number of Program Participants by Funding Stream in Region 1

	Block Grant	Governor's Grant	DARE
Minimum	15	26	112
Maximum	4,484	3,698	22,949
25th Percentile	137	39	525
50th Percentile	298	264	700
75th Percentile	1,100	974	1,959

Table N-2. Descriptive Statistics on the Number of Program Participants by Funding Stream in Region 2

	Block Grant	Governor's Grant	DARE
Minimum	83	102	350
Maximum	8,875	11,138	21,700
25th Percentile	240	125	592
50th Percentile	713	248	726
75th Percentile	1,340	2,820	2,278

Table N-3. Descriptive Statistics on the Number of Program Participants by Funding Stream in Region 3

	Block Grant	Governor's Grant
Minimum	250	17
Maximum	1,312	214,855
25th Percentile	372	116
50th Percentile	474	452
75th Percentile	665	7,000

Table N-4. Descriptive Statistics on the Number of Program Participants by Funding Stream in Region 4

	Block Grant	Governor's Grant	DARE
Minimum	16	72	455
Maximum	16,660	3,800	2,630
25th Percentile	313	158	489
50th Percentile	757	377	735
75th Percentile	2,965	2,760	1,490

SPECIAL POPULATIONS BY REGION

Table O-1. Percentage of Programs Reporting Special Populations as Primary Populations by Funding Stream in Region 1

Population	Block Grant	Governor's Grant	DARE
General Population	6	27	33
Age			
Middle/Junior High School Students	59	73	67
High School Students	44	67	22
Elementary School Students	31	53	100
Preschool Students	13	27	22
Older Adults	6	7	0
College Students	3	13	0
Geography			
Rural/Isolated Populations	47	13	0
Urban/Inner City Populations	3	20	11
High-Risk Groups			
Students at Risk of Dropping Out of School	47	67	22
Delinquent/Violent Youth	44	33	0
Foster Children	28	27	11
Physically/Emotionally/Sexually Abused People	25	13	0
COSAs/Children of Substance Abusers	22	13	0
People Using Substances, excluding those in need of treatment	22	7	11
Pregnant Teenagers	19	20	0
Criminally Involved Adults	9	0	0
School Dropouts	9	27	0
Homeless/Runaway Youth	9	13	11
Other Special Populations			
Economically Disadvantaged Youth	44	60	11
Parents/Families	34	47	33
Youth/Minors not included in other categories	25	27	0
Women of Childbearing Age	19	13	0
Economically Disadvantaged Adults	13	33	0
Pregnant Women	9	7	0
People with Disabilities	9	13	0
Immigrants and Refugees	9	7	0
Law Enforcement/Military	6	13	33
Gays/Lesbians	3	0	0

Population	Block Grant	Governor's Grant	DARE
Work Related			
Teachers/Administrators/Counselors	22	20	33
Health Care Professionals	6	20	0
Government/Elected Officials	6	7	11
Migrant Workers	6	0	0
Business and Industry	3	0	0
Managed Care Organizations	3	7	0
Community Groups			
Coalitions	9	20	22
Religious Groups	9	7	11
Other Primary Populations	9	7	0

Table O-2. Percentage of Programs Reporting Special Populations as Primary Populations by Funding Stream in Region 2

Population	Block Grant	Governor's Grant	DARE
General Population	29	25	29
Age			
Middle/Junior High School Students	69	75	57
Elementary School Students	66	75	100
High School Students	60	75	57
Preschool Students	9	25	29
Older Adults	6	6	0
College Students	3	0	0
Geography			
Urban/Inner City Populations	23	25	0
Rural/Isolated Populations	0	13	0
High-Risk Groups			
Delinquent/Violent Youth	49	38	29
Students at Risk of Dropping Out of School	37	69	29
COSAs/Children of Substance Abusers	29	6	0
Pregnant Teenagers	26	19	0
Foster Children	23	19	0
School Dropouts	23	38	0
Criminally Involved Adults	11	6	0
Homeless/Runaway Youth	11	19	0
People Using Substances, excluding those in need of treatment	9	6	0
Physically/Emotionally/Sexually Abused People	9	6	0
Other Special Populations			
Economically Disadvantaged Youth	43	56	0
Parents/Families	31	56	0
Youth/Minors not included in other categories	26	31	0
Economically Disadvantaged Adults	23	19	14
Women of Childbearing Age	20	0	0
Pregnant Women	9	6	0
People with Disabilities	3	6	0
Law Enforcement/Military	0	6	14
Immigrants and Refugees	0	0	0
Gays/Lesbians	0	0	0

Population	Block Grant	Governor's Grant	DARE
Work Related			
Teachers/Administrators/Counselors	9	38	14
Health Care Professionals	3	13	0
Government/Elected Officials	3	6	0
Business and Industry	0	25	0
Migrant Workers	0	0	0
Managed Care Organizations	0	0	0
Community Groups			
Coalitions	0	13	14
Religious Groups	0	13	14
Other Primary Populations	0	6	0

Table O-3. Percentage of Programs Reporting Special Populations as Primary Populations by Funding Stream in Region 3

Population	Block Grant	Governor's Grant
General Population	0	18
Age		
Middle/Junior High School Students	67	88
Elementary School Students	58	65
High School Students	25	59
Preschool Students	0	18
College Students	0	6
Older Adults	0	0
Geography		
Rural/Isolated Populations	17	24
Urban/Inner City Populations	0	18
High-Risk Groups		
Students at Risk of Dropping Out of School	50	82
Delinquent/Violent Youth	33	47
School Dropouts	17	18
Criminally Involved Adults	17	6
Physically/Emotionally/Sexually Abused People	17	6
COSAs/Children of Substance Abusers	8	24
Foster Children	8	24
Homeless/Runaway Youth	8	12
Pregnant Teenagers	8	6
People Using Substances, excluding those in need of treatment	8	12
Other Special Populations		
Economically Disadvantaged Youth	50	76
Parents/Families	17	53
Youth/Minors not included in other categories	17	35
Pregnant Women	8	0
Women of Childbearing Age	0	6
Economically Disadvantaged Adults	0	24
People with Disabilities	0	12
Immigrants and Refugees	0	0
Law Enforcement/Military	0	6
Gays/Lesbians	0	0

Population	Block Grant	Governor's Grant
Work Related		
Teachers/Administrators/Counselors	0	18
Government/Elected Officials	0	6
Migrant Workers	0	0
Health Care Professionals	0	6
Business and Industry	0	6
Managed Care Organizations	0	0
Community Groups		
Coalitions	0	18
Religious Groups	0	6
Other Primary Populations	0	6

Table O-4. Percentage of Programs Reporting Special Populations as Primary Populations by Funding Stream in Region 4

Population	Block Grant	Governor's Grant	DARE
General Population	21	33	50
Age			
Middle/Junior High School Students	42	78	100
High School Students	33	78	67
Elementary School Students	30	67	83
Older Adults	12	29	0
College Students	9	22	0
Preschool Students	6	33	50
Geography			
Rural/Isolated Populations	9	29	33
Urban/Inner City Populations	3	43	33
High-Risk Groups			
Students at Risk of Dropping Out of School	45	56	50
Delinquent/Violent Youth	30	33	50
COSAs/Children of Substance Abusers	21	44	50
Criminally Involved Adults	21	22	33
People Using Substances, excluding those in need of treatment	18	29	33
Pregnant Teenagers	12	33	33
Physically/Emotionally/Sexually Abused People	9	14	33
Foster Children	6	44	17
Homeless/Runaway Youth	6	0	33
School Dropouts	6	33	33
Other Special Populations			
Economically Disadvantaged Youth	30	78	33
Parents/Families	24	100	50
Women of Childbearing Age	24	57	17
Economically Disadvantaged Adults	18	78	33
Pregnant Women	18	29	0
Youth/Minors not included in other categories	9	33	33
Law Enforcement/Military	6	29	33
People with Disabilities	3	14	50
Gays/Lesbians	3	0	0
Immigrants and Refugees	0	14	0

Population	Block Grant	Governor's Grant	DARE
Work Related			
Teachers/Administrators/Counselors	24	57	67
Health Care Professionals	18	29	33
Business and Industry	9	29	17
Government/Elected Officials	3	22	33
Managed Care Organizations	0	29	0
Migrant Workers	0	14	0
Community Groups			
Religious Groups	15	29	50
Coalitions	15	44	33
Other Primary Populations	3	0	0

GENDER BY REGION

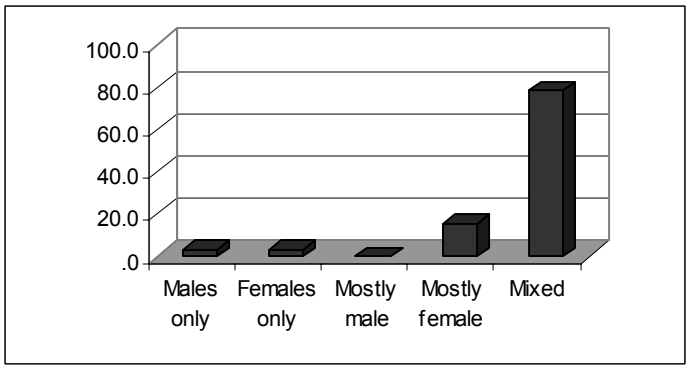

Figure P-1. Gender Composition of Block Grant Programs in Region 1

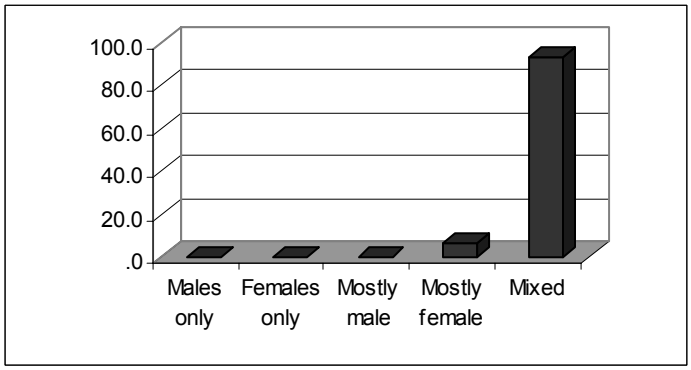

Figure P-2. Gender Composition of Governor's Grant Programs in Region 1

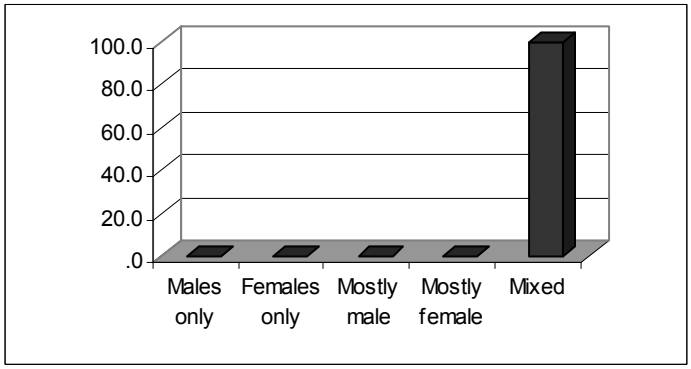

Figure P-3. Gender Composition of DARE Programs in Region 1

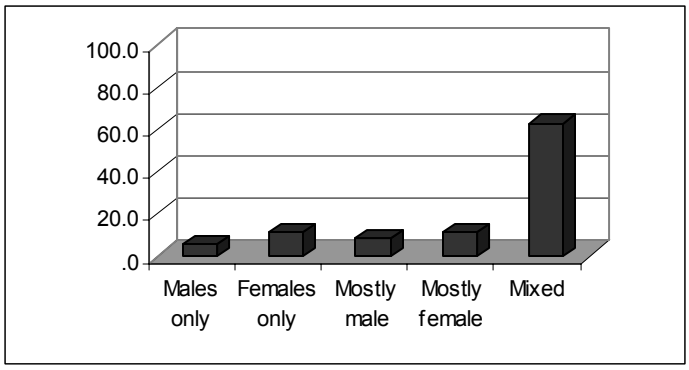

Figure P-4. Gender Composition of Block Grant Programs in Region 2

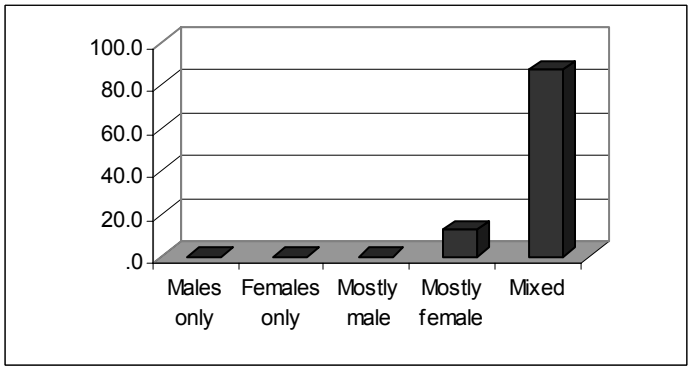

Figure P-5. Gender Composition of Governor's Grant Programs in Region 2

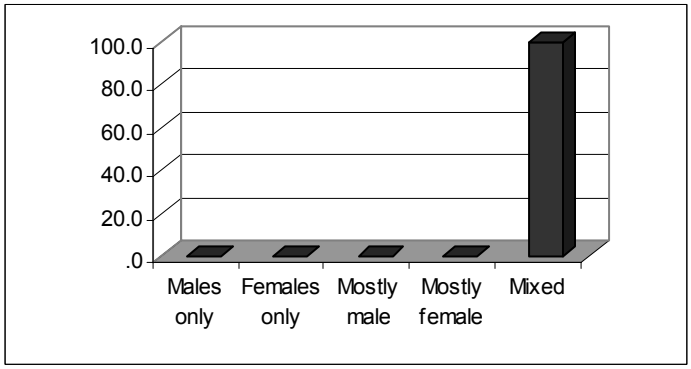

Figure P-6. Gender Composition of DARE Programs in Region 2

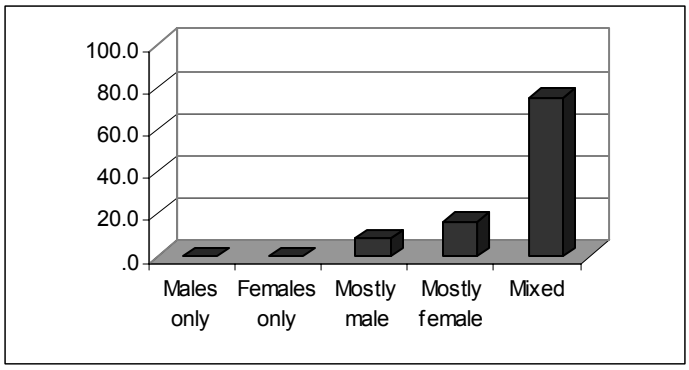

Figure P-7. Gender Composition of Block Grant Programs in Region 3

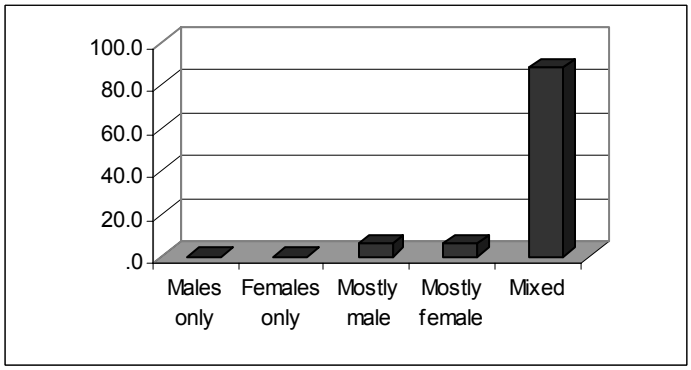

Figure P-8. Gender Composition of Governor's Grant Programs in Region 3

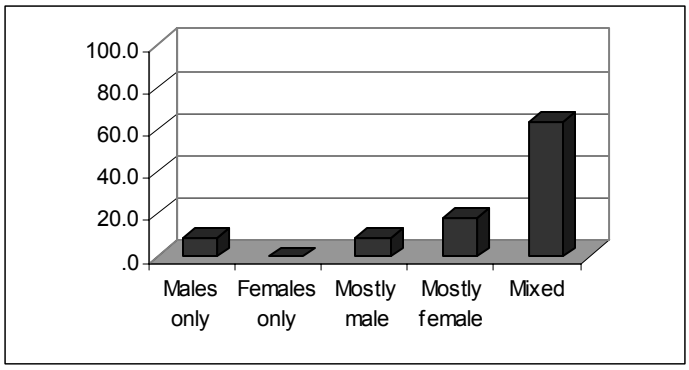

Figure P-9. Gender Composition of Block Grant Programs in Region 4

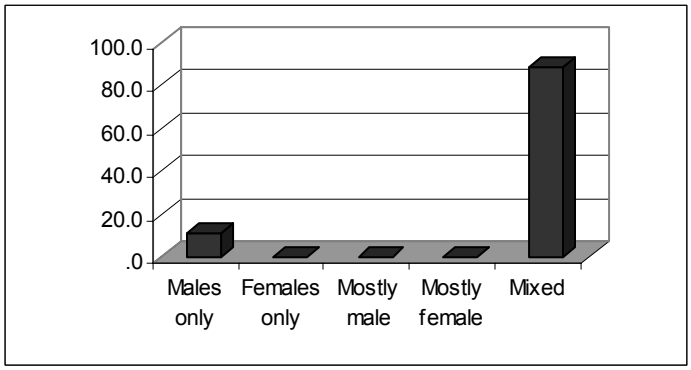

Figure P-10. Gender Composition of Governor's Grant Programs in Region 4

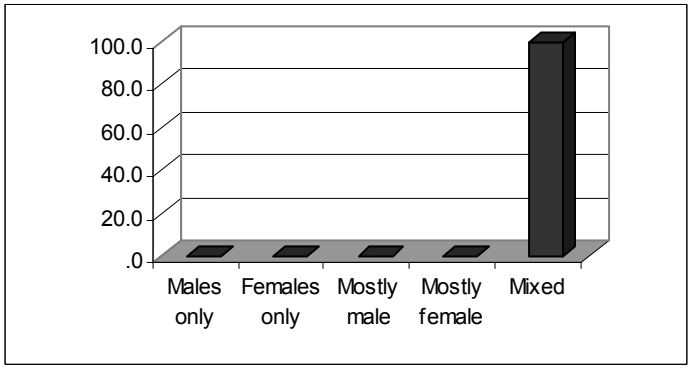

Figure P-11. Gender Composition of DARE Programs in Region 4

AGE BY REGION

Table Q-1. Percentage of Programs with Participants in Each Age Group by Funding Stream in Region 1

Age Group	Block Grant	Governor's Grant	DARE Grant
0 to 4	6	20	11
5 to 11	44	73	100
12 to 14	66	73	67
15 to 17	56	67	44
18 to 20	53	33	22
21 to 24	41	27	0
25 to 44	47	20	33
45 to 64	44	7	0
65 and older	31	7	0

Table Q-2. Percentage of Programs with Participants in Each Age Group by Funding Stream in Region 2

Age Group	Block Grant	Governor's Grant	DARE Grant
0 to 4	6	25	29
5 to 11	69	75	100
12 to 14	71	94	71
15 to 17	71	81	57
18 to 20	49	63	0
21 to 24	31	13	0
25 to 44	34	38	0
45 to 64	20	38	0
65 and older	20	19	0

Table Q-3. Percentage of Programs with Participants in Each Age Group by Funding Stream in Region 3

Age Group	Block Grant	Governor's Grant
0 to 4	0	13
5 to 11	60	94
12 to 14	90	100
15 to 17	50	88
18 to 20	18	38
21 to 24	17	31
25 to 44	25	38
45 to 64	8	31
65 and older	8	6

Table Q-4. Percentage of Programs with Participants in Each Age Group by Funding Stream in Region 4

Age Group	Block Grant	Governor's Grant	DARE Grant
0 to 4	3	50	17
5 to 11	39	78	100
12 to 14	55	89	83
15 to 17	55	89	83
18 to 20	24	63	17
21 to 24	30	50	17
25 to 44	52	63	17
45 to 64	36	63	17
65 and older	3	25	17

Table Q-5. Percent of Programs Focusing on Particular Age Groups by Funding Steam in Region 1

Age Group	Block Grant		Governor's Grant		DARE Grant	
	Mostly* this age group	100% this age group	Mostly* this age group	100% this age group	Mostly* this age group	100% this age group
0 to 4	0	0	0	0	0	0
5 to 11	9	3	7	7	22	22
12 to 14	3	3	0	0	0	0
15 to 17	13	0	7	0	0	0
18 to 20	3	0	0	0	0	0
21 to 24	0	0	0	0	0	0
25 to 44	6	0	0	0	0	0
45 to 64	0	0	0	0	0	0
65 and older	0	0	0	0	0	0

* Programs reporting that 75% to 99% of their participants were in the relevant age group.

Table Q-6. Percent of Programs Focusing on Particular Age Groups by Funding Steam in Region 2

Age Group	Block Grant		Governor's Grant		DARE Grant	
	Mostly* this age group	100% this age group	Mostly* this age group	100% this age group	Mostly* this age group	100% this age group
0 to 4	0	0	0	0	0	0
5 to 11	3	6	6	0	14	14
12 to 14	0	0	0	0	0	0
15 to 17	0	0	6	0	0	0
18 to 20	0	0	0	0	0	0
21 to 24	0	0	0	0	0	0
25 to 44	3	0	0	0	0	0
45 to 64	0	0	0	0	0	0
65 and older	0	0	0	0	0	0

* Programs reporting that 75% to 99% of their participants were in the relevant age group.

Table Q-7. Percent of Programs Focusing on Particular Age Groups by Funding Steam in Region 3

Age Group	Block Grant		Governor's Grant	
	Mostly* this age group	100% this age group	Mostly* this age group	100% this age group
0 to 4	0	0	0	0
5 to 11	20	0	6	0
12 to 14	0	0	6	0
15 to 17	10	0	0	0
18 to 20	0	0	0	0
21 to 24	0	0	0	0
25 to 44	17	0	0	0
45 to 64	0	0	0	0
65 and older	0	0	0	0

* Programs reporting that 75% to 99% of their participants were in the relevant age group.

Table Q-8. Percent of Programs Focusing on Particular Age Groups by Funding Steam in Region 4

Age Group	Block Grant		Governor's Grant		DARE Grant	
	Mostly* this age group	100% this age group	Mostly* this age group	100% this age group	Mostly* this age group	100% this age group
0 to 4	0	0	0	0	0	0
5 to 11	3	3	0	0	17	17
12 to 14	3	0	0	0	0	0
15 to 17	6	3	0	0	0	0
18 to 20	0	0	0	0	0	0
21 to 24	0	0	0	0	0	0
25 to 44	6	0	0	0	0	0
45 to 64	0	0	0	0	0	0
65 and older	0	0	0	0	0	0

* Programs reporting that 75% to 99% of their participants were in the relevant age group.

ETHNICITY BY REGION

Table R-1. Percent of Programs with Participants of Each Ethnicity by Funding Stream in Region 1

Ethnicity	Block Grant	Governor's Grant	DARE Grant
White	100	93	100
African-American	94	87	100
Hispanic/Latino	53	53	80
Native American	23	0	40
Asian	6	7	40
Native Hawaiian or Pacific Islander	0	0	20

Table R-2. Percent of Programs with Participants of Each Ethnicity by Funding Stream in Region 2

Ethnicity	Block Grant	Governor's Grant	DARE Grant
White	83	93	100
African-American	100	100	100
Hispanic/Latino	11	40	17
Native American	0	7	17
Asian	0	20	0
Native Hawaiian or Pacific Islander	0	0	0

Table R-3. Percent of Programs with Participants of Each Ethnicity by Funding Stream in Region 3

Ethnicity	Block Grant	Governor's Grant
White	100	63
African-American	100	100
Hispanic/Latino	36	20
Native American	0	0
Asian	27	0
Native Hawaiian or Pacific Islander	0	0

Table R-4. Percent of Programs with Participants of Each Ethnicity by Funding Stream in Region 4

Ethnicity	Block Grant	Governor's Grant	DARE Grant
White	97	86	100
African-American	100	100	100
Hispanic/Latino	32	29	67
Native American	11	29	50
Asian	10	14	33
Native Hawaiian or Pacific Islander	0	14	17

Table R-5. Percent of Programs Focusing on Each Ethnicity by Funding Stream in Region 1

Ethnicity	Block Grant		Governor's Grant		DARE Grant	
	Mostly this ethnicity	100% this ethnicity	Mostly this ethnicity	100% this ethnicity	Mostly this ethnicity	100% this ethnicity
White	29	3	40	0	43	0
African-American	13	0	13	7	0	0
Hispanic/ Latino	0	0	0	0	0	0
Native American	0	0	0	0	0	0
Asian	0	0	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0	0	0

Table R-6. Percent of Programs Focusing on Each Ethnicity by Funding Stream in Region 2

Ethnicity	Block Grant		Governor's Grant		DARE Grant	
	Mostly this ethnicity	100% this ethnicity	Mostly this ethnicity	100% this ethnicity	Mostly this ethnicity	100% this ethnicity
White	6	0	13	0	67	0
African-American	54	17	47	7	0	0
Hispanic/ Latino	0	0	0	0	0	0
Native American	0	0	0	0	0	0
Asian	0	0	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0	0	0

Table R-7. Percent of Programs Focusing on Each Ethnicity by Funding Stream in Region 3

Ethnicity	Block Grant		Governor's Grant	
	Mostly this ethnicity	100% this ethnicity	Mostly this ethnicity	100% this ethnicity
White	8	0	6	0
African-American	33	0	25	31
Hispanic/ Latino	0	0	0	0
Native American	0	0	0	0
Asian	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0

Table R-8. Percent of Programs Focusing on Each Ethnicity by Funding Stream in Region 4

Ethnicity	Block Grant		Governor's Grant		DARE Grant	
	Mostly this ethnicity	100% this ethnicity	Mostly this ethnicity	100% this ethnicity	Mostly this ethnicity	100% this ethnicity
White	25	0	14	0	67	0
African-American	19	3	29	14	0	0
Hispanic/ Latino	0	0	0	0	0	0
Native American	0	0	0	0	0	0
Asian	0	0	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0	0	0

APPENDIX S

DATA USE BY REGION

Table S-1. Percentage of Programs Using Data for Each Purpose by Funding Stream in Region 1

Practice	Percent of Programs		
	Block Grant	Governor's Grant	DARE Grant
Grant or contract proposals	97	93	100
Determining program effectiveness	97	80	78
Program planning	94	87	44
Meeting funding requirements	88	73	44
Describing activities and participants	78	73	44
Reporting to key stakeholders	53	40	22
Community mobilization	34	33	11
Formal "needs assessment" study	28	40	44
Data for another purpose	3	0	11

Table S-2. Percentage of Programs Using Data for Each Purpose by Funding Stream in Region 2

Practice	Percent of Programs		
	Block Grant	Governor's Grant	DARE Grant
Grant or contract proposals	91	75	71
Determining program effectiveness	91	88	71
Program planning	86	81	29
Meeting funding requirements	94	88	29
Describing activities and participants	97	63	29
Reporting to key stakeholders	77	38	14
Community mobilization	17	19	0
Formal "needs assessment" study	29	56	43
Data for another purpose	0	13	14

Table S-3. Percentage of Programs Using Data for Each Purpose by Funding Stream in Region 3

Practice	Percent of Programs	
	Block Grant	Governor's Grant
Grant or contract proposals	92	88
Determining program effectiveness	100	88
Program planning	83	88
Meeting funding requirements	100	88
Describing activities and participants	100	76
Reporting to key stakeholders	33	41
Community mobilization	0	29
Formal "needs assessment" study	8	35
Data for another purpose	0	0

Table S-4. Percentage of Programs Using Data for Each Purpose by Funding Stream in Region 4

Practice	Percent of Programs		
	Block Grant	Governor's Grant	DARE Grant
Grant or contract proposals	94	100	67
Determining program effectiveness	94	89	83
Program planning	85	89	50
Meeting funding requirements	100	100	67
Describing activities and participants	71	89	50
Reporting to key stakeholders	12	56	0
Community mobilization	15	78	17
Formal "needs assessment" study	18	44	50
Data for another purpose	0	0	0

APPENDIX T

BARRIERS BY REGION

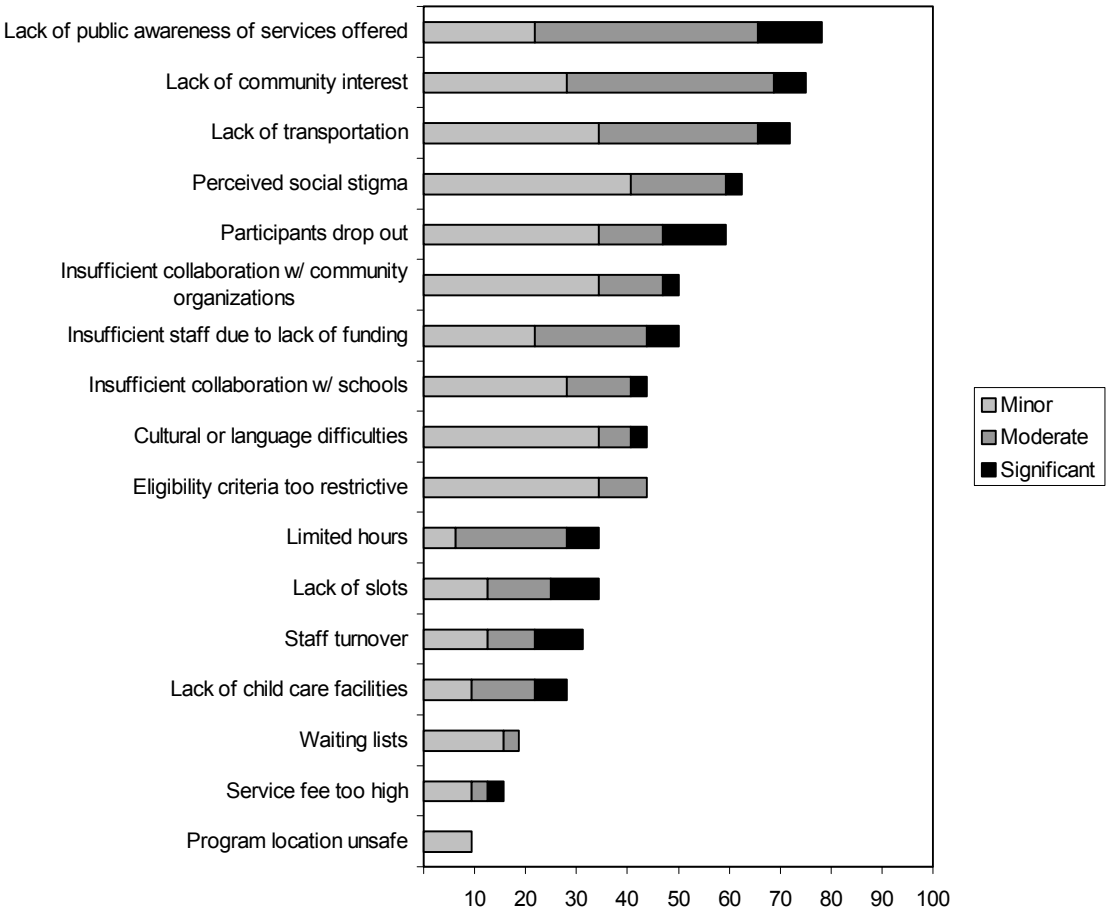

Figure T-1. Barriers Among Block Grant Programs in Region 1

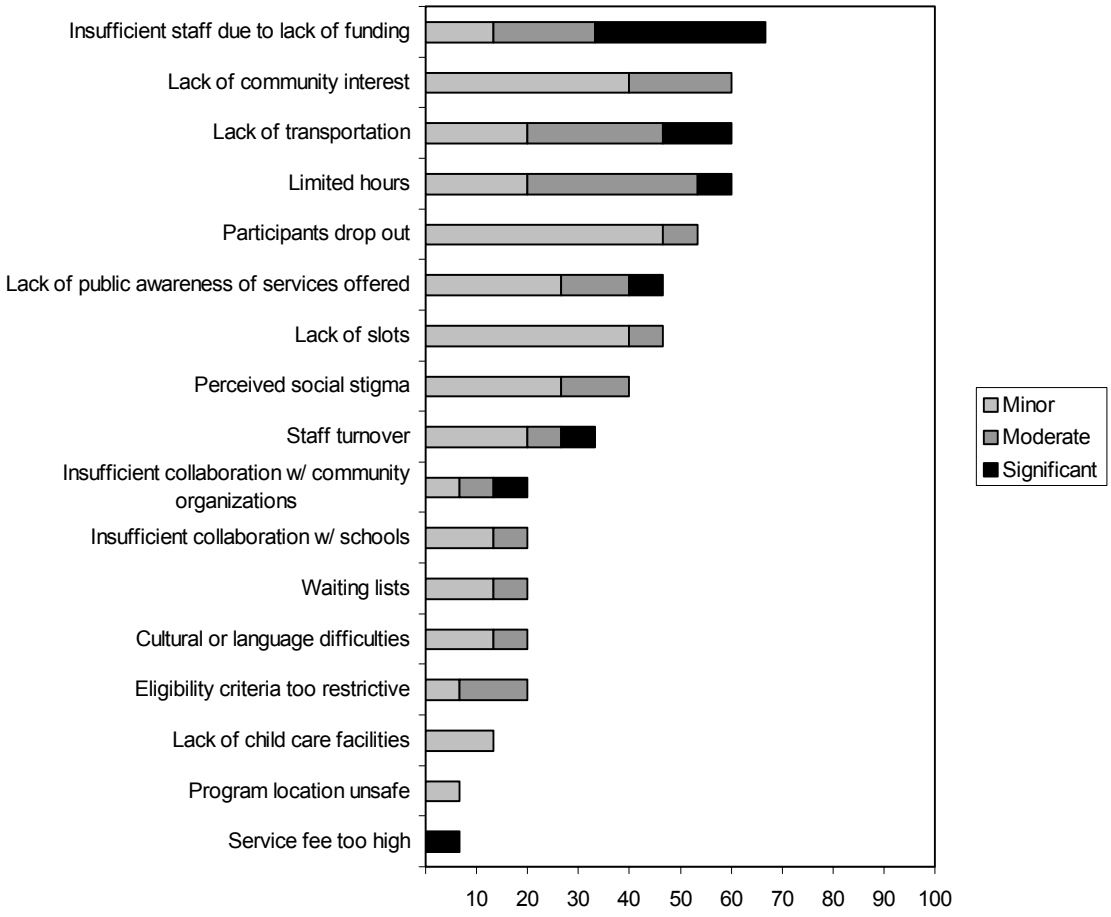

Figure T-2. Barriers Among Governor's Grant Programs in Region 1

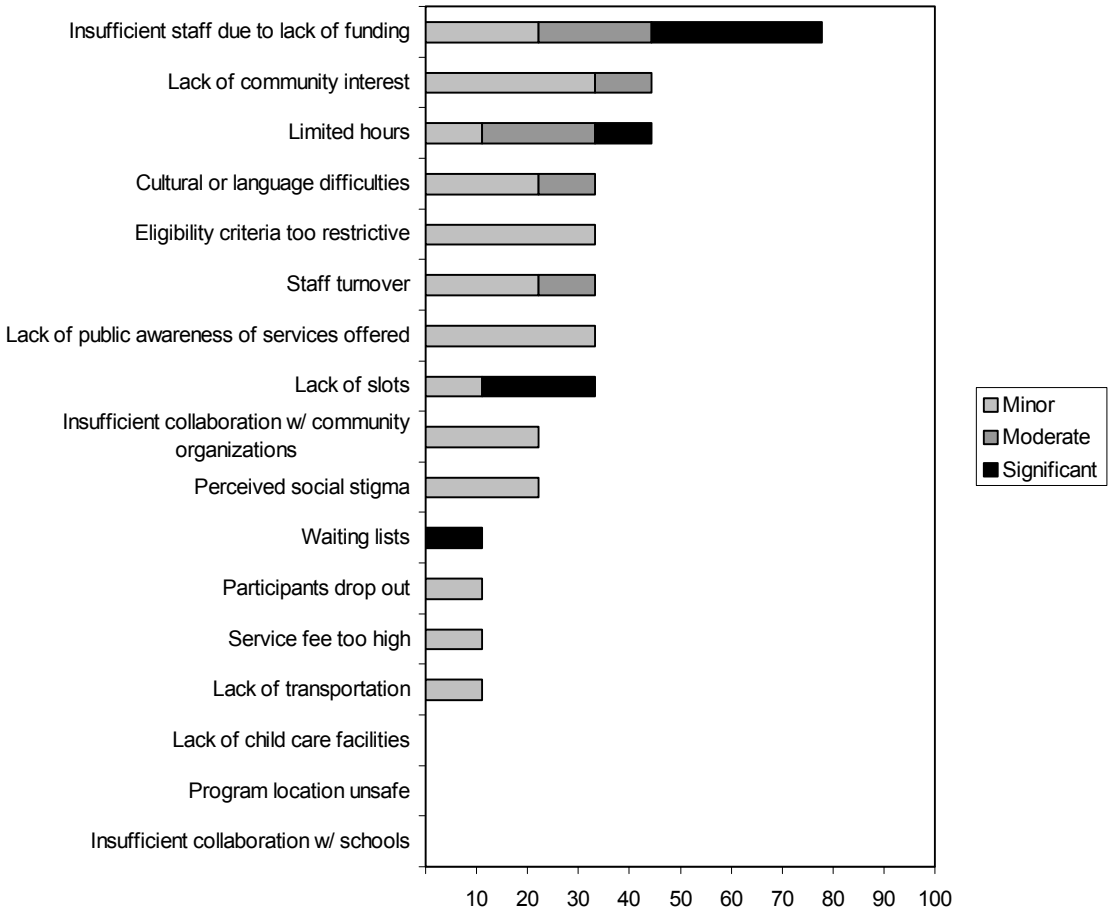

Figure T-3. Barriers Among DARE Programs in Region 1

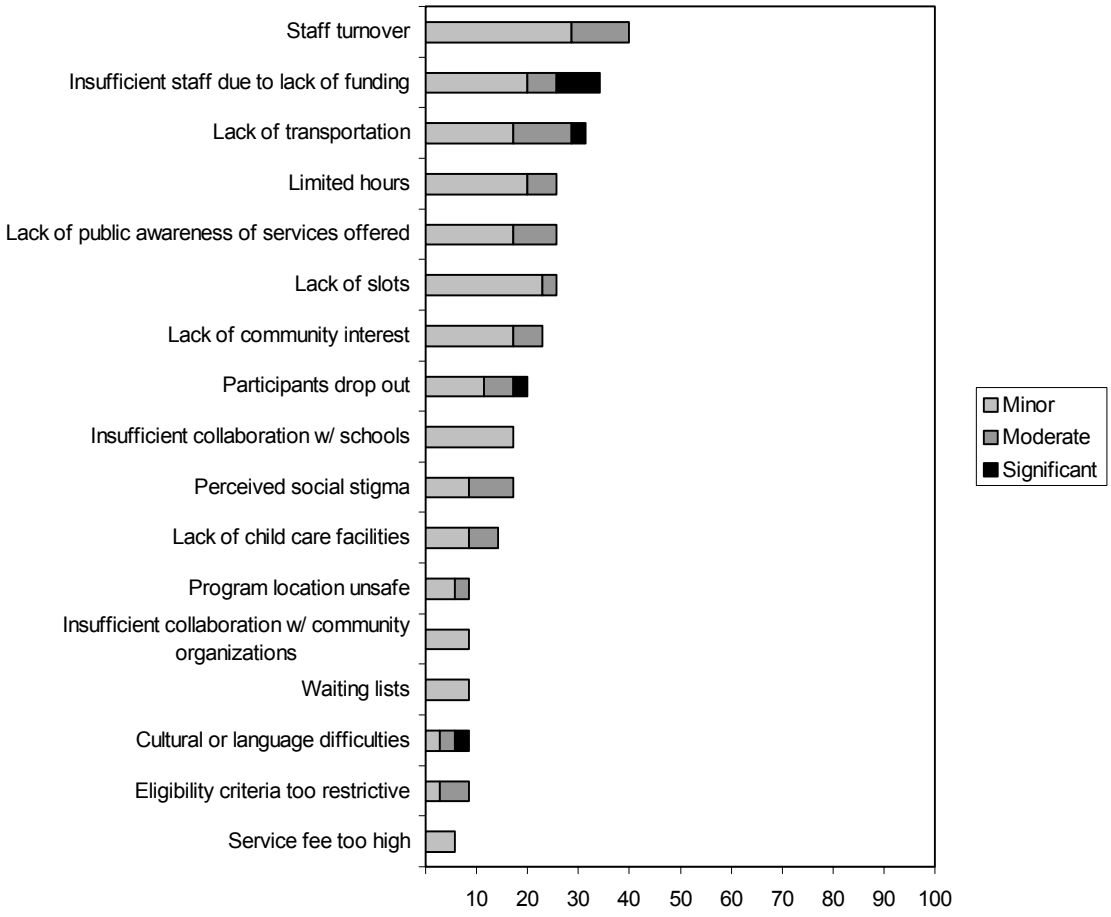

Figure T-4. Barriers Among Block Grant Programs in Region 2

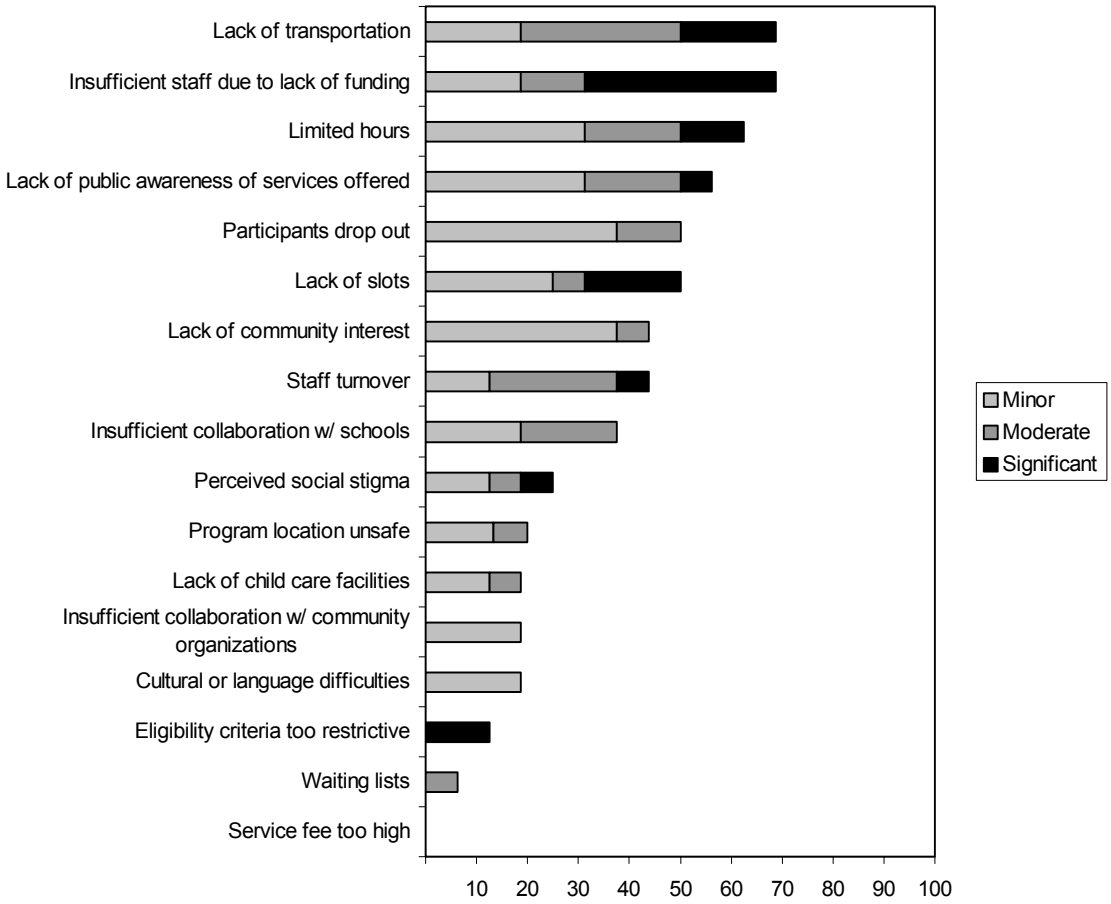

Figure T-5. Barriers Among Governor's Grant Programs in Region 2

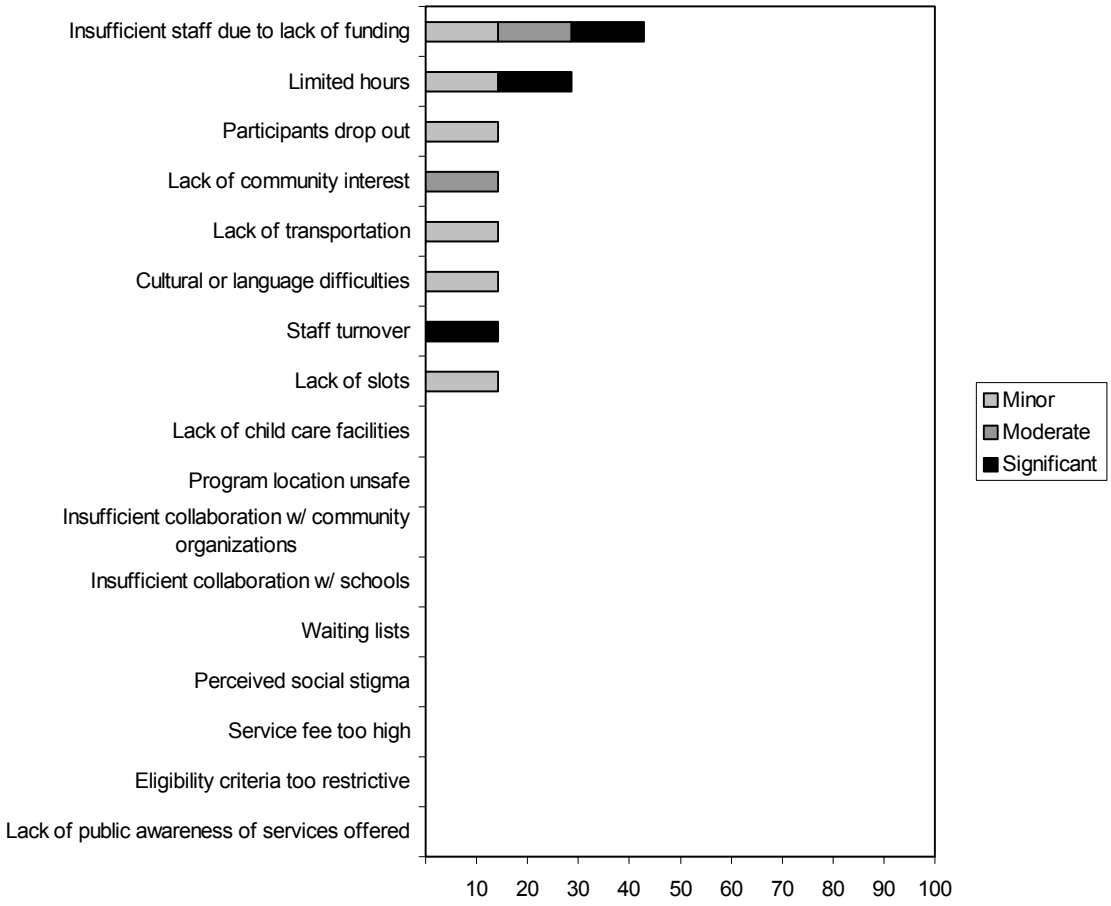

Figure T-6. Barriers Among DARE Programs in Region 2

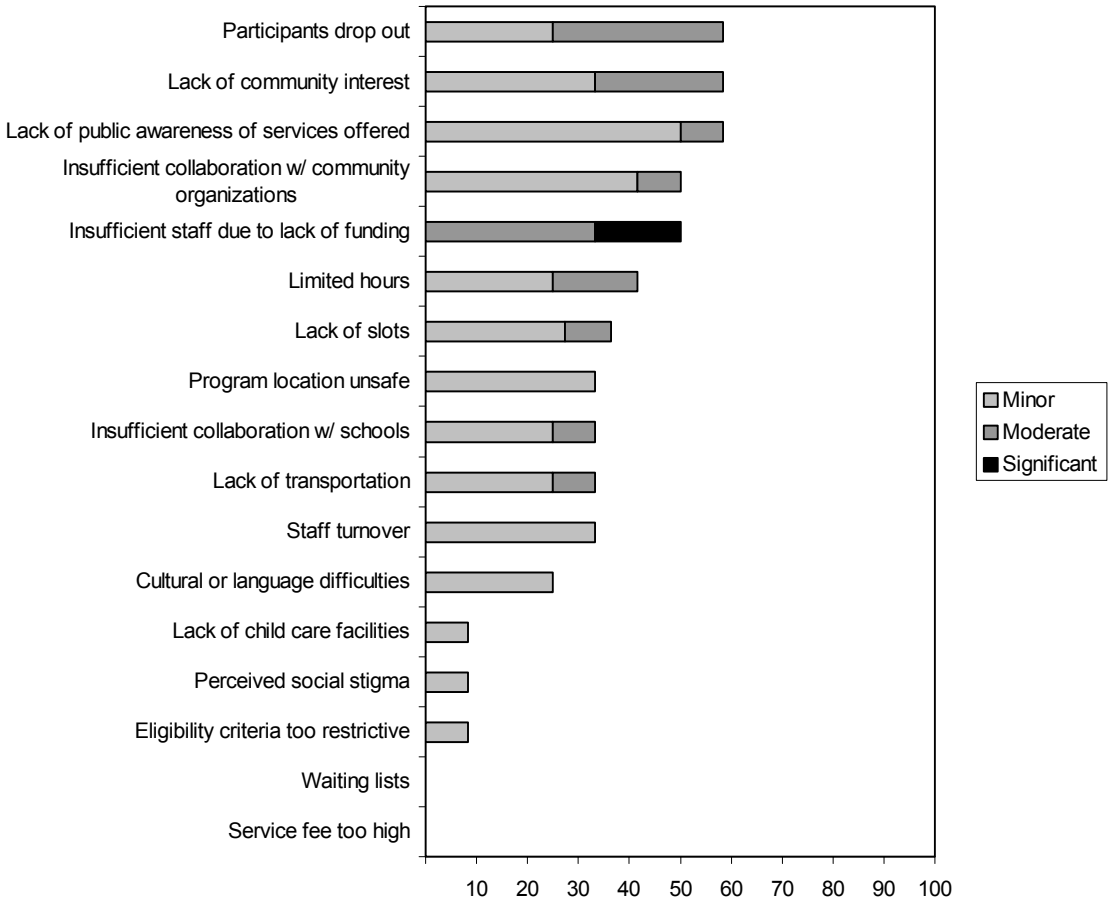

Figure T-7. Barriers Among Block Grant Programs in Region 3

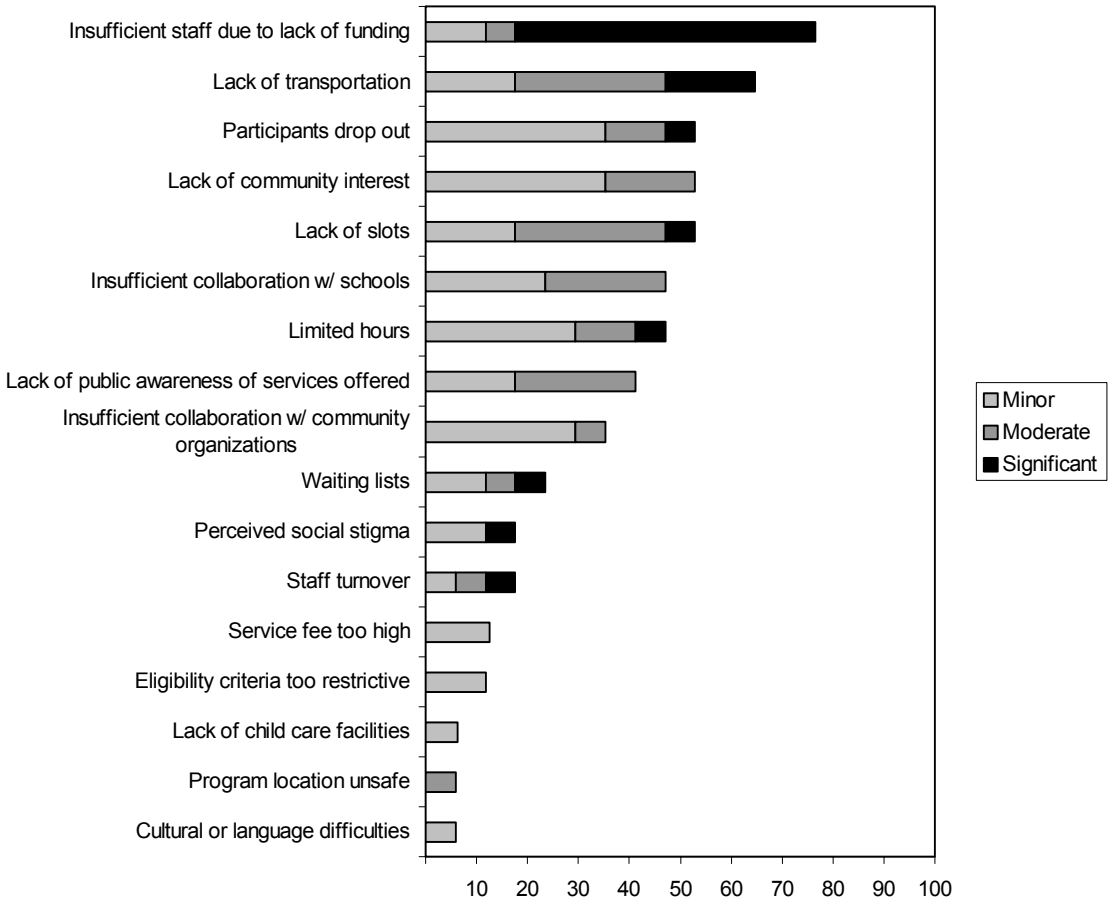

Figure T-8. Barriers Among Governor's Grant Programs in Region 3

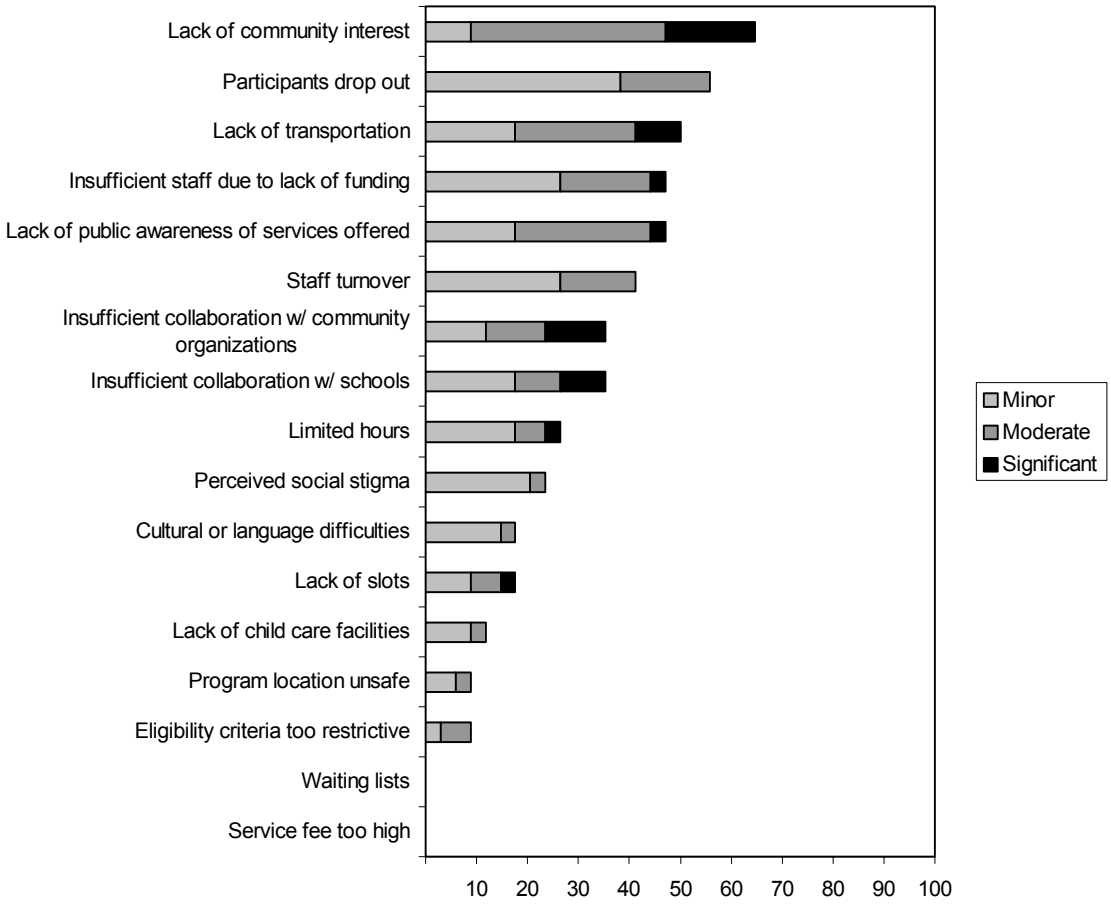

Figure T-9. Barriers Among Block Grant Programs in Region 4

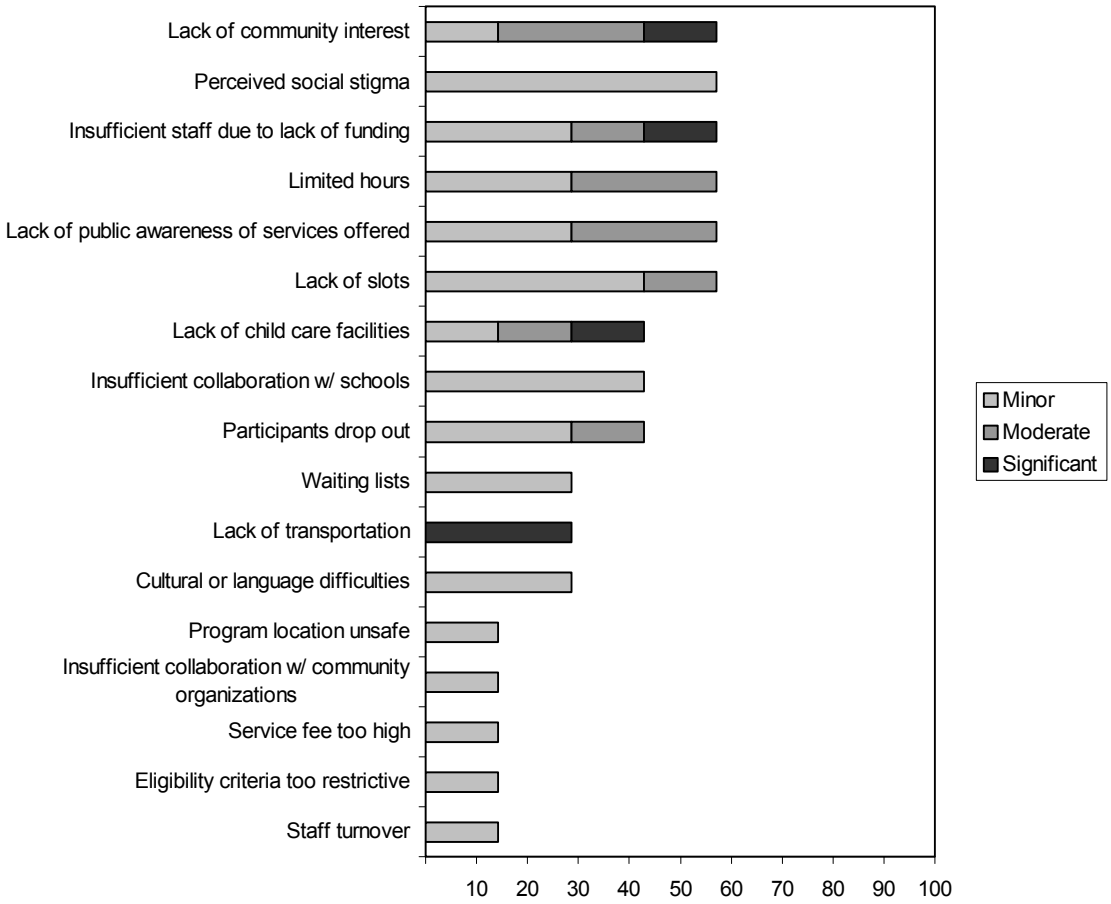

Figure T-10. Barriers Among Governor's Grant Programs in Region 4

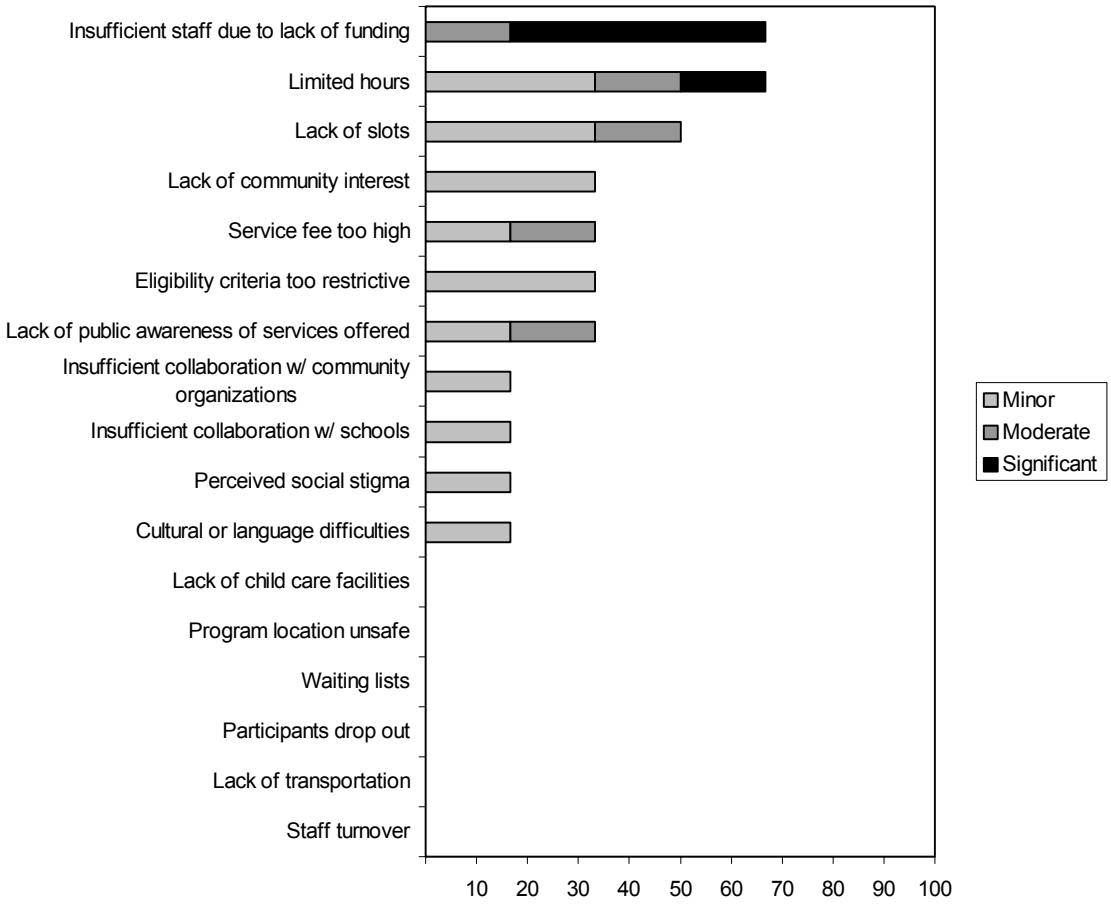

Figure T-11. Barriers Among DARE Programs in Region 4